

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Health Underwriters Political Action Committee

ADDRESS (number and street)

1212 New York Ave

Suite 1100

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00283135

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
09 01 2016

through

M M / D D / Y Y Y Y Y Y  
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Murphy, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Murphy, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
10 17 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">192613.19</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">121822.03</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">46418.50</span>	<span style="border: 1px solid black; padding: 2px;">444047.57</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">168240.53</span>	<span style="border: 1px solid black; padding: 2px;">636660.76</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">132597.91</span>	<span style="border: 1px solid black; padding: 2px;">601018.14</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">35642.62</span>	<span style="border: 1px solid black; padding: 2px;">35642.62</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

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Page 3

Write or Type Committee Name

Health Underwriters Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30232.50

261609.92

(ii) Unitemized .....

16186.00

182437.65

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

46418.50

444047.57

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

46418.50

444047.57

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

46418.50

444047.57

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

46418.50

444047.57

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1467.41	13225.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1467.41	13225.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130500.00	586500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	630.50	1292.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	630.50	1292.50
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132597.91	601018.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132597.91	601018.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	46418.50	444047.57
34. Total Contribution Refunds (from Line 28(d)) .....	630.50	1292.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	45788.00	442755.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1467.41	13225.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1467.41	13225.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kite, William, , ,

Mailing Address PO Box 629

City

Roanoke

State

VA

Zip Code

24004-0629

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

D&amp;S Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

Transaction ID : 10836471

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Southan, Tamela, L., ,

Mailing Address 101 W. Renner Rd., Ste 160

City

Richardson

State

TX

Zip Code

75082-2019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Solutions By DesignOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016

Transaction ID : 10836476

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brannon, William, J., ,

Mailing Address 2 Terrace Way, Suite B

City

Greensboro

State

NC

Zip Code

27403-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Group US, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : 10836533

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

372.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, David, R., ,

Mailing Address PO Box 1006

City  
Burlington

State  
NC

Zip Code  
27216-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David R. Moore, CLU & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : 10836536

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Musser, Ray, M., ,

Mailing Address 404 North Second Avenue, Suite E

City  
Upland

State  
CA

Zip Code  
91786-4793

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ray Musser & Associates Insurance Serv

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 02 / 2016

Transaction ID : 10836538

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Frizen, Bruce, , ,

Mailing Address 8058 Corporate Center Dr.  
Suite 200

City  
Charlotte

State  
NC

Zip Code  
28226-4359

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.E. Goodgame & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837333

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

160.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schneider, Chad, P., ,**

Mailing Address 360 W. Hubbard St.  
Apt 1105

City  
Chicago

State  
IL

Zip Code  
60654-5748

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Code SixFour

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837337

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Boop, Deborah, R., ,**

Mailing Address 8046 Richard Rd.

City

Broadview Heights

State

OH

Zip Code

44147-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837338

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Meredith, Griffin, , ,**

Mailing Address 550 S 5th St Unit 303

City

Louisville

State

KY

Zip Code

40202-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Commonwealth Insurance Partners

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837339

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Warwick, John, L., ,

Mailing Address 1907 B Mangrove Ave.

City  
ChicoState  
CAZip Code  
95926-2381FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Warwick Insurance ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837341

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fugitt-Hetrick, Pamela, Leigh, ,

Mailing Address 1123 Soquel Avenue

City

Santa Cruz

State

CA

Zip Code

95062-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DCD Financial & Insurance ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2016

Transaction ID : 10837342

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gwin, David, R., ,

Mailing Address I-20 At Alpine Rd.  
AX-400

City

Columbia

State

SC

Zip Code

29219-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BlueChoice HealthPlanOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2016

Transaction ID : 10837346

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lewis, Carolyn, S., ,**

Mailing Address 12401 Folsom Blvd, Suite 324

City

Rancho Cordova

State

CA

Zip Code

95742-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Lewis Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

MM / DD / YYYY  
09 / 04 / 2016

**Transaction ID : 10837351**

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Manning, Richard, K., ,**

Mailing Address 10315 Woodley Avenue, #216

City

Granada Hills

State

CA

Zip Code

91344-6951

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Accessible Health Insurance Services.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2016

**Transaction ID : 10837355**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Briand, Chelyn, M., ,**

Mailing Address 14750 NW Glacier Lane

City

Beaverton

State

OR

Zip Code

97006-5892

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Standard

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2016

**Transaction ID : 10837356**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Harrington, Paula, , ,**

Mailing Address 1332 E Beltline Road

City  
Richardson

State  
TX

Zip Code  
75081-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harrington Insurance Solutions, LLC -

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : 10837357**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Moore, Robert, L., ,**

Mailing Address 1644 Plank Rd

City  
Duncansville

State  
PA

Zip Code  
16635-8376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
L.R. Webber Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : 10837360**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sherrill, David, M., ,**

Mailing Address 407 Centerpointe Circle, Suite 163

City  
Altamonte Springs

State  
FL

Zip Code  
32701-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sherrill Insurance Brokerage, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : 10837364**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maceira, Luis, A., ,**

Mailing Address 4515 S Durango Dr  
Apt 2028

City  
Las Vegas

State  
NV

Zip Code  
89147-6087

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Distinctive Insurance

Occupation (for Individual)  
Benefits Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : 10837365**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rianhard, R. Dane, , ,**

Mailing Address 1 E. Pratt St., Unit 902

City  
Baltimore

State  
MD

Zip Code  
21202-1193

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TriBridge Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : 10837366**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Scholz, Paul, Joseph, ,**

Mailing Address 17445 Arbor St  
Suite 310

City  
Omaha

State  
NE

Zip Code  
68130-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OCI Insurance and Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2016

**Transaction ID : 10837367**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Storz, Ulrich, S., ,**

Mailing Address 987 University Avenue, #14

City  
Los Gatos

State  
CA

Zip Code  
95032-7640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Storz Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2016

**Transaction ID : 10837370**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Riedl, Alycia, , ,**

Mailing Address 1600 Utica Ave S

City  
Saint Louis Park

State  
MN

Zip Code  
55416-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis Towers Watson

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837635**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Griffin, Mary, , ,**

Mailing Address 14 Commerce Road

City  
Newtown

State  
CT

Zip Code  
06470-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TR Paul, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837636**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McGill, Frank, H., ,**

Mailing Address 200 Arbor Lake Dr Ste 200

City  
Columbia

State  
SC

Zip Code  
29223-4516

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthPlan of South Carolina

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837637**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sullivan, Ashley, , ,**

Mailing Address PO Box 99565

City  
Louisville

State  
KY

Zip Code  
40269-0565

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Van Zandt Emrich and Cary

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837639**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bikmaz, Joanne, , ,**

Mailing Address 1860 Shaded Wood Road

City  
Diamond Bar

State  
CA

Zip Code  
91789-4011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher & Associates Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837640**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bremer, Emily, Black, ,**

Mailing Address 8000 Bonhomme Ave., # 213

City  
Saint Louis

State  
MO

Zip Code  
63105-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bremer Conley LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837641**

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DeBruin, Teresa, F., ,**

Mailing Address 5441 Edgerton Drive

City

Peachtree Corners

State

GA

Zip Code

30092-2185

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

DeBruin Benefit Services, Inc./ The La

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : 10837644**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Balla, Donald, L., ,**

Mailing Address 1320 Grant Building

City

Pittsburgh

State

PA

Zip Code

15219-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Simpson & McCrady LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 08 / 2016

**Transaction ID : 10837709**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

143.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Matsushita, David, , ,**

Mailing Address 25B Hanover Road Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Senior Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : 10837710

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Galardini, Richard, F., ,**

Mailing Address 7000 Stonewood Dr  
Suite 251

City  
Wexford

State  
PA

Zip Code  
15090-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRG Advisors, LLC

Occupation (for Individual)  
Chairman & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : 10837715

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Graves, Matthew, , ,**

Mailing Address 4808 Broadmoor SE

City  
Grand Rapids

State  
MI

Zip Code  
49512-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lighthouse Insurance Group

Occupation (for Individual)  
Account Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2016

Transaction ID : 10837716

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

164.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Crosby, Neil, R., ,**

Mailing Address 32110 Agoura Road

City  
Westlake Village

State  
CA

Zip Code  
91361-4026

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance Services

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : 10837838**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maichel, Scott, , ,**

Mailing Address 4180 La Jolla Village Drive  
Suite 450

City  
La Jolla

State  
CA

Zip Code  
92037-1472

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AmCheck

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : 10837839**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buechler, Anthony, C, ,**

Mailing Address 1203 Colonial Circle

City  
Papillion

State  
NE

Zip Code  
68046-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buechler Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : 10837841**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wong, William, W., ,**

Mailing Address 43 Waverly Place

City

San Francisco

State

CA

Zip Code

94108-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bill Wong & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2016

**Transaction ID : 10837846**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buffington, Tammy, , ,**

Mailing Address 3112 South 13th

City

Lincoln

State

NE

Zip Code

68502-4514

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A+ Brokerage

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2016

**Transaction ID : 10837847**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Snowden, Scott, D., ,**

Mailing Address 812 Lyndon Lane, Suite 101

City

Louisville

State

KY

Zip Code

40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Snowden & Associates, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2016

**Transaction ID : 10837848**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Baer, Farren, , ,**

Mailing Address 402 Pitt Street

City

Fredericksburg

State

VA

Zip Code

22401-3631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NAHU

Occupation (for Individual)

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 09 / 2016

**Transaction ID : 10837850**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sklar, Erika, , ,**

Mailing Address 1415 Walton Blvd

City

Rochester Hills

State

MI

Zip Code

48309-1775

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tim Crawford Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

**Transaction ID : 10837915**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weilmuenster, Alexis, , ,**

Mailing Address 585 Grove St  
Suite 145

City

Herndon

State

VA

Zip Code

20170-4791

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2016

**Transaction ID : 10837917**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ashby, Thomas, F., ,**

Mailing Address P. O. Box 70

City  
Zirconia

State  
NC

Zip Code  
28790-0070

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Healthcare Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

**Transaction ID : 10837924**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sterner, Heidi, J., ,**

Mailing Address 7881 Sw Charleston Blvd

City  
Las Vegas

State  
NV

Zip Code  
89117-8323

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LGBS

Occupation (for Individual)  
Insurance Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

**Transaction ID : 10837925**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Kelli, , ,**

Mailing Address P.O. Box 244065

City  
Anchorage

State  
AK

Zip Code  
99524-4065

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AAHU

Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2016

**Transaction ID : 10837930**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stewart, Diana, , ,**

Mailing Address 500 W. 36th Avenue  
Suite 300

City  
Anchorage

State  
AK

Zip Code  
99503-5805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Digital Insurance, Inc.

Occupation (for Individual)  
Sr. Acct Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 11 / 2016

**Transaction ID : 10837933**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wolfe, Rosanne, , ,**

Mailing Address PO Box 17236

City  
Tucson

State  
AZ

Zip Code  
85731-7236

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wolfe Insurance & Consultants, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

09 / 12 / 2016

**Transaction ID : 10837953**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Johnson, David, S., ,**

Mailing Address 12138 Big Canoe

City  
Big Canoe

State  
GA

Zip Code  
30143-5157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David S. Johnson Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

09 / 12 / 2016

**Transaction ID : 10837956**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holley, Greg, , ,**

Mailing Address 1135 E 33rd Place

City  
Tulsa

State  
OK

Zip Code  
74105-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Flex Plan Administrators

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : 10837958**

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Girdler, Richard, R., ,**

Mailing Address 5110 Maryland Way, Suite 250

City

Brentwood

State

TN

Zip Code

37027-7508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cowan, a Division of HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : 10837961**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buza, Raymond, F., ,**

Mailing Address 214 East Lakewood Road

City

West Palm Beach

State

FL

Zip Code

33405-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palm Beach Insurance Advisory Group, I

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

**Transaction ID : 10837967**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

167.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Banchy, Kate, , ,

Mailing Address 4233 Southtowne Drive

City  
Eau Claire

State  
WI

Zip Code  
54701-2652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Spectrum Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : 10837969

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Peter, Todd, E., ,

Mailing Address 952 Jefferson

City  
Kerrville

State  
TX

Zip Code  
78028-4626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Solutions

Occupation (for Individual)  
Owner & Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : 10838002

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schneider, JoEllen, , ,

Mailing Address 1818 W State St

City  
Boise

State  
ID

Zip Code  
83702-3955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Professionals, Inc.

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 13 / 2016

Transaction ID : 10838139

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

310.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Schiebel, Al, C., ,**

Mailing Address 200 Sandy Springs Pl., # 300A

City  
Atlanta

State  
GA

Zip Code  
30328-3854

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Schiebel & Associates, LLC dba Shopben

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

09 / 13 / 2016

**Transaction ID : 10838144**

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Petter, Patricia, M., ,**

Mailing Address 2001 Lake Point Way

City  
Louisville

State  
KY

Zip Code  
40223-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MedLink dba AgentLink

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 13 / 2016

**Transaction ID : 10838160**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Halliburton, Sandra, , ,**

Mailing Address 521 Barret Avenue

City  
Louisville

State  
KY

Zip Code  
40204-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Green & Halliburton, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 13 / 2016

**Transaction ID : 10838161**

Amount of Each Receipt this Period

365.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

560.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Green, J. J., ,**

Mailing Address 1219 W. 2nd St.

City  
Grand Island

State  
NE

Zip Code  
68801-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Primark, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : 10838276**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KSA Insurance Agency, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : 10838307**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

KSA Insurance Agency, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 13 / 2016

**Transaction ID : 10838310**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scott, John, Thomas, ,**

Mailing Address 11000 Milestone Drive

City  
Mechanicsville

State  
VA

Zip Code  
23116-5846

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Experient Health-A-Farm Bureau Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 14 / 2016

**Transaction ID : 10838362**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Abrams, Daniel, H., ,**

Mailing Address 30012 Ivy Glenn, #270

City  
Laguna Niguel

State  
CA

Zip Code  
92677-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Abrams California Health Insurance Age

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 14 / 2016

**Transaction ID : 10839512**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stevenson, Kenneth, Thomas, ,**

Mailing Address 3131 Lonnbladh Road

City  
Tallahassee

State  
FL

Zip Code  
32308-4255

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Earl Bacon Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

513.00

Date of Receipt

09 / 15 / 2016

**Transaction ID : 10839873**

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1080.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gant, Tom, , ,**

Mailing Address 100 North Weinbach Avenue

City  
Evansville

State  
IN

Zip Code  
47711-6006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schultheis Life & Health Agency

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

**Transaction ID : 10839874**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Weinstein, Joshua, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northrim Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

**Transaction ID : 10839875**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reid, Krys, , ,**

Mailing Address 582 Lynnhaven Parkway, #200

City  
Virginia Beach

State  
VA

Zip Code  
23452-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tower Benefit Consultants, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

**Transaction ID : 10839879**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1072.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hynes, Bernard, J., ,**

Mailing Address 2999 N. 44th Street Suite 325

 City  
 Phoenix

 State  
 AZ

 Zip Code  
 85018-7259

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 Hynes Benefits Consulting, LLC

 Occupation (for Individual)  
 Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10840297

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Waren, M. Hughes, , ,**

Mailing Address P.O. Box 7661

 City  
 Wilmington

 State  
 NC

 Zip Code  
 28406-7661

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 Ebenconcepts, Inc.

 Occupation (for Individual)  
 Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10840303

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hartmann, Chris, , ,**

Mailing Address 1212 New York Ave, Suite 1100

 City  
 Washington

 State  
 DC

 Zip Code  
 20005-3987

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 NAHU

 Occupation (for Individual)  
 staff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : 10840311

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shores, Thomas, E., ,**

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T.A. Shores Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 16 / 2016

**Transaction ID : 10840395**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Brooks, Mark, , ,**

Mailing Address P. O. Box 10876

City  
Lynchburg

State  
VA

Zip Code  
24506-0876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Personal Design Financial Services, In

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840446**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lujan, Michael, D., ,**

Mailing Address 645 Harrison Street #200

City  
San Francisco

State  
CA

Zip Code  
94107-3624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Limelight Health, Inc.

Occupation (for Individual)  
Technology for Agents

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840447**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tompkins, Daniel, R., ,**

Mailing Address 1720 Windward Concourse  
Suite 290

City  
Alpharetta

State  
GA

Zip Code  
30005-2291

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Admin America, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840448**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Purcilly, Amy, , ,**

Mailing Address PO Box 7028

City  
Troy

State  
MI

Zip Code  
48007-7028

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840450**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hyland Ziegler, Catherine, , ,**

Mailing Address 2001 Route 46 , Suite 310

City  
Parsippany

State  
NJ

Zip Code  
07054-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Hyland Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840453**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blomgren, Laura, , ,**

Mailing Address 935 National Parkway  
Suite 93550

City  
Schaumburg

State  
IL

Zip Code  
60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenAxis Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840454**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guzman, Wayne, , ,**

Mailing Address 8670 Dresden Court

City

Rancho Cucamonga

State  
CA

Zip Code  
91701-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Her Vision Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2016

**Transaction ID : 10840458**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cogdill, Barry, , ,**

Mailing Address 4710 4th Street  
Ste. 300

City

La Mesa

State  
CA

Zip Code  
91941-5384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Business Choice Insurance Services

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

**Transaction ID : 10840459**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Trevino, Terrie, L., ,**

Mailing Address P O Box 7408

City  
Boise

State  
ID

Zip Code  
83707-1408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Blue Cross of Idaho

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

**Transaction ID : 10840461**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fitzgerald, Robert, Mark, ,**

Mailing Address 2842 Landing Way

City

Marietta

State

GA

Zip Code

30066-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Robert Fitzgerald Insurance Agency, In

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

**Transaction ID : 10840462**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Riley, Mark, , ,**

Mailing Address PO Box 1635

City

Irmo

State

SC

Zip Code

29063-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

American Benefit Services, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2016

**Transaction ID : 10840465**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

227.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Pierce, Jeffrey, L., ,**

Mailing Address 730 Manzano

City

Wolverine Lake

State

MI

Zip Code

48390-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Healthwise Insurance Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2016

Transaction ID : 10840471

Amount of Each Receipt this Period

30.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Johnson, Sandra, , ,**

Mailing Address 12500 Network Blvd, # 403

City

San Antonio

State

TX

Zip Code

78249-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hairston, Johnson &amp; Associates, PLLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2016

Transaction ID : 10840483

Amount of Each Receipt this Period

30.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Grooms, Christine, M., ,**

Mailing Address 160 East Main Street

P O Box 638

City

Lake Zurich

State

IL

Zip Code

60047-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grooms Insurance Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2016

Transaction ID : 10840485

Amount of Each Receipt this Period

12.00



Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

72.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. VanPutten, Denise, R., ,**

Mailing Address 625 Kenmoor Ave

City

Grand Rapids

State

MI

Zip Code

49546-2395

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HUB International

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : 10840487**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mulvaney, William, M., ,**

Mailing Address 935 National Parkway  
Suite 93550

City

Schaumburg

State

IL

Zip Code

60173-5150

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BenAxis, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : 10840488**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pittman, Joseph, E., ,**

Mailing Address P O Box 24133

City

Omaha

State

NE

Zip Code

68124-0133

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Creative Association Management

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : 10840489**

Amount of Each Receipt this Period

35.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mann, William, D., ,**

Mailing Address PO Box 691967

City  
Houston

State  
TX

Zip Code  
77269-1967

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Compliance Office

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

**Transaction ID : 10840551**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Ingrid, L., ,**

Mailing Address 3857 Grand Oak Drive

City  
Brunswick

State  
OH

Zip Code  
44212-3594

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ameritas

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

**Transaction ID : 10840557**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Hillary, , ,**

Mailing Address 13800 Jackson Rd

City  
Mishawaka

State  
IN

Zip Code  
46544-9195

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Insurer's Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2016

**Transaction ID : 10842458**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

222.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Casinelli, Patrick, , ,**

Mailing Address 450 B St # 1800

City  
San Diego

State  
CA

Zip Code  
92101-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Cavnac & Associates

Occupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : 10842461**

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ritter, William, L., ,**

Mailing Address 138 W. Main Street, Suite 200

City  
Williamston

State  
NC

Zip Code  
27892-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Triangle Planning Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : 10842463**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sautter, Robert, E., ,**

Mailing Address 6330 S 3000 E, Suite 670

City  
Salt Lake City

State  
UT

Zip Code  
84121-6234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Client Adviser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

**Transaction ID : 10842464**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

143.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Willison, Clover Denise, , ,**

Mailing Address 355 Sprowel Creek Rd

City  
Garberville

State  
CA

Zip Code  
95542-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willison Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

Transaction ID : 10842466

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Miller, Kyle, , ,**

Mailing Address 9607 Scotsmoor Drive

City  
Caledonia

State  
MI

Zip Code  
49316-7553

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aspire Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

Transaction ID : 10842470

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thompson, Hillary, , ,**

Mailing Address 13800 Jackson Rd

City  
Mishawaka

State  
IN

Zip Code  
46544-9195

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Insurer's Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

72.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2016

Transaction ID : 10842483

Amount of Each Receipt this Period

12.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Goodman, Robert, Hiram, ,**

Mailing Address 1901 6th Avenue North  
Suite 1720

City  
Birmingham

State  
AL

Zip Code  
35203-2618

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Regions Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842550**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Member Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fusco, Joan, A., ,**

Mailing Address 25B Hanover Rd., Suite 220

City  
Florham Park

State  
NJ

Zip Code  
07932-1443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842552**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Henry, Thomas, L., ,**

Mailing Address 19310 Sonoma Highway, #A

City  
Sonoma

State  
CA

Zip Code  
95476-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RealCare Insurance Marketing, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842553**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

165.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bergsma, Lori, , ,**

Mailing Address **Balanced Rock Insurance**  
**643 Canyon Drive**

City  
**Twin Falls**

State  
ID

Zip Code  
**83301-3014**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Balanced Rock Insurance Agency, Inc.**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**09 / 22 / 2016**

**Transaction ID : 10842556**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cagliola, David, A., ,**

Mailing Address **1550 Liberty Ridge Drive**  
**Suite 250**

City  
**Chesterbrook**

State  
PA

Zip Code  
**19087-5567**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Radnor Benefits Group, Inc.**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**765.00**

Date of Receipt

**09 / 22 / 2016**

**Transaction ID : 10842557**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wild, Trei, , ,**

Mailing Address **3724 Hearst Castle Way**

City  
**Plano**

State  
TX

Zip Code  
**75025-3719**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Protect Plans**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**815.00**

Date of Receipt

**09 / 22 / 2016**

**Transaction ID : 10842565**

Amount of Each Receipt this Period

**85.00**

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**200.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathern, Donald, L., ,**

Mailing Address 7650 Cherrywood Drive

City  
Boise

State  
ID

Zip Code  
83704-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialists

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842566**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wolff, DianaLou, , ,**

Mailing Address 70 Maiden Lane  
2nd Floor

City  
Kingston

State  
NY

Zip Code  
12401-4508

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Counseling Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842567**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Seibel, Ronald, E., ,**

Mailing Address P. O. Box 317

City  
Driftwood

State  
TX

Zip Code  
78619-0317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Benefits Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842571**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Klein, Randy, H., ,

Mailing Address 3555 Reserve Commons Dr

City  
Medina

State  
OH

Zip Code  
44256-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DS Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842573

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Boaz, Daniel, J., ,

Mailing Address 5565 Roberts Drive  
Suite 100

City  
Atlanta

State  
GA

Zip Code  
30338-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HealthLife Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842574

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coburn, Richard, P., ,

Mailing Address 19 Minor Court

City  
San Rafael

State  
CA

Zip Code  
94903-3716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Word and Brown

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842577

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jeffs, Deborah, , ,**

Mailing Address 2458 Newport Blvd.  
Suite 205

City  
Costa Mesa

State  
CA

Zip Code  
92627-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Progressive Benefit Managers

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2016

**Transaction ID : 10842578**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sale, Raymer, M., ,**

Mailing Address 2905 Premiere Parkway  
Suite 285

City  
Duluth

State  
GA

Zip Code  
30097-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E2E Benefits Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2016

**Transaction ID : 10842580**

Amount of Each Receipt this Period

170.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Griffey, Don, R., ,**

Mailing Address 56294 Prim Rose Circle

City  
Elkhart

State  
IN

Zip Code  
46516-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hailey-Campbell, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 22 / 2016

**Transaction ID : 10842581**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindstrom, Betty, J., ,**

Mailing Address PO Box 4026

City  
Felton

State  
CA

Zip Code  
95018-0349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lindstrom Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842584**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ranf, Jeff, A., ,**

Mailing Address 3800 Centerpoint Drive  
Suite 540

City  
Anchorage

State  
AK

Zip Code  
99503-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
USI Insurance Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842585**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Curtis, Justin, B., ,**

Mailing Address 3406 264th St NE

City  
Arlington

State  
WA

Zip Code  
98223-6007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Continental Benefits

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842587**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Health Underwriters Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lindsay, Robert, , ,**

Mailing Address 220 Emerson Place

City  
DavenportState  
IAZip Code  
52801-1624FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Arthur J. Gallagher & CompanyOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842589

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Singleton, Terry, , ,**

Mailing Address 1773 Owasco Street

City  
Winter SpringsState  
FLZip Code  
32708-5614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sihle Insurance GroupOccupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842590

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jensen, Cerrina, , ,**

Mailing Address 2520 Venture Oaks Way #240

City  
SacramentoState  
CAZip Code  
95833-4228FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CoreMark Insurance Services IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

561.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2016

Transaction ID : 10842591

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brashears, Shawn, F., ,**

Mailing Address 1 Kelly Way

City  
Sparks

State  
MD

Zip Code  
21152-9484

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kelly & Associates Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842592**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Webb, Charles, A., ,**

Mailing Address 2670 Electric Rd

City  
Roanoke

State  
VA

Zip Code  
24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Innovative Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842593**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Leavitt, Scott, A., ,**

Mailing Address 12988 W. Paint Dr.

City  
Boise

State  
ID

Zip Code  
83713-1947

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Scott Leavitt Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 22 / 2016

**Transaction ID : 10842595**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

310.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilson, Thomas, R., ,

Mailing Address 701 Lamar

City  
Wichita Falls

State  
TX

Zip Code  
76301-6824

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Boley Featherston Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843348

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Knight, Ronald, David, ,

Mailing Address PO Box 507

City  
Carrollton

State  
GA

Zip Code  
30112-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J. Smith Lanier & Co., Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843349

Amount of Each Receipt this Period

85.00

☐ Memo Item

Monthly Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kohlsdorf, Eric, , ,

Mailing Address 1501 Ingersoll Ave  
Suite 200

City  
Des Moines

State  
IA

Zip Code  
50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prisma Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843350

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

255.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McLeod, Paul, , ,**

Mailing Address 2801 Slater Rd Suite 200

City  
Morrisville

State  
NC

Zip Code  
27560-8477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coventry/Aetna

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843351**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Address, Carolyn, Marie, ,**

Mailing Address 1512 Highway 138

City  
Wall

State  
NJ

Zip Code  
07719-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843352**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Selinsky, Steven, , ,**

Mailing Address 28638 Oak Point Drive

City  
Farmington Hills

State  
MI

Zip Code  
48331-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Director of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

821.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843354**

Amount of Each Receipt this Period

63.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Carey, H., ,**

Mailing Address Six Concourse Parkway  
Suite 2750

City  
Atlanta

State  
GA

Zip Code  
30328-6243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Benefit Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843355

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, William, D., ,**

Mailing Address 739 East Jackson Street

City

Martinsville

State  
IN

Zip Code  
46151-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NewDay! Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843356

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Age, Jill, , ,**

Mailing Address 397 Little Neck Road  
Suite 300

City

Virginia Beach

State  
VA

Zip Code  
23452-5764

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TFA Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843357

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McConaughy, John, R., ,**

Mailing Address PO Box 805

City  
West Chester

State  
OH

Zip Code  
45071-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JRM & Associates Agency, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843358**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Todd, Richard, H., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843362**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Todd, David, , ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843363**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Miller, Jean, M., ,**

Mailing Address 15433 E 480 Rd

City  
Claremore

State  
OK

Zip Code  
74017-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rogers Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843366**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ackerman, Mark, K., ,**

Mailing Address 3700 Forest Drive  
Suite 300

City  
Columbia

State  
SC

Zip Code  
29204-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Management Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843367**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hebb, Deborah, , ,**

Mailing Address 1120 C Professional Ct

City  
Hagerstown

State  
MD

Zip Code  
21740-5858

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keller Stonebraker Ins

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843369**

Amount of Each Receipt this Period

20.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

147.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berger, Stephanie, , ,**

Mailing Address 79 Daily Dr #276

City  
Camarillo

State  
CA

Zip Code  
93010-5807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Collaborative Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843372**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Blain, Bradford, H., ,**

Mailing Address AI Torstrick Insurance Agency, Inc  
343 Waller Av

City  
Lexington

State  
KY

Zip Code  
40504-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AI Torstrick Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843374**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Eblen, David, H., ,**

Mailing Address 112 South Liberty, # 221

City  
Jackson

State  
TN

Zip Code  
38301-6367

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Eblen Agency/A Division of IPSEO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843378**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fogle, Albert, , ,**

Mailing Address 3111 C St.  
Suite 500

City  
Anchorage

State  
AK

Zip Code  
99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northrim Benefits Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843379**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gennaro, Jeffrey, Wm., ,**

Mailing Address 3820 W Happy Valley Rd  
Ste 141, PMB 606

City  
Glendale

State  
AZ

Zip Code  
85310-3292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Capitol Insurance Brokers, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843381**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hebert, Hedy, S., ,**

Mailing Address 550 Boardwalk Blvd.

City  
Bossier City

State  
LA

Zip Code  
71111-4384

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Consulting Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843382**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Helms, John, S., ,**

Mailing Address 2940 Camino Diablo  
# 205

City  
Walnut Creek

State  
CA

Zip Code  
94597-3992

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Helms Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843384**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hill, Donna, D., ,**

Mailing Address 2905 Premiere Parkway  
Suite 285

City  
Duluth

State  
GA

Zip Code  
30097-5246

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E2E Benefit Services Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843385**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hoffman, Crystal, , ,**

Mailing Address P.O. Box 709

City  
Sugar Land

State  
TX

Zip Code  
77487-0709

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Concepts, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843386**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Carolyn, J., ,

Mailing Address 6 Country Lane

City  
Sussex

State  
NJ

Zip Code  
07461-4630

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Carolyn J King Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843387

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LaFay, Stacey, S., ,

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

717.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843388

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McClaskey, Barbara, A., ,

Mailing Address 1965 Pine Street

City

Redding

State

CA

Zip Code

96001-1921

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Barbara McClaskey Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843391

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ming, James, , ,**

Mailing Address P.O. Box 621

City  
Union

State  
MO

Zip Code  
63084-0621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ming Senior Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843392**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rash, Susan, Maley, ,**

Mailing Address 2108 West Laburnum Avenue, Suite 3

City  
Richmond

State  
VA

Zip Code  
23227-4300

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BB&T Benefit Consultants of Virginia,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843393**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reeves, Valerie, , ,**

Mailing Address 3702 Brownsboro Rd

City  
Louisville

State  
KY

Zip Code  
40207-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Preferred Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843394**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

192.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rice, Russell, Lee, ,

Mailing Address 8000 IH-10 West, # 715

City  
San Antonio

State  
TX

Zip Code  
78230-3880

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AVESIS, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843396

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ripley, Michael, P., ,

Mailing Address 200 East Main St.  
Suite 800

City  
Fort Wayne

State  
IN

Zip Code  
46802-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gibson

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843397

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rivera, Michael, A., ,

Mailing Address 12200 Northwest Frwy, Suite 662

City  
Houston

State  
TX

Zip Code  
77092-4927

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest General Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843398

Amount of Each Receipt this Period

85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Scopp, Kenneth, N, ,**

Mailing Address 12121 Wilshire Blvd Ste 1100

City  
Los Angeles

State  
CA

Zip Code  
90025-1166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

First Financial Resources

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843399**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Scott, Nicole, , ,**

Mailing Address 6200 Northwest Pkwy

City  
San Antonio

State  
TX

Zip Code  
78249-3348

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Healthcare

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843400**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Severo, Daniel, , ,**

Mailing Address 231 Chestnut St. #410

City  
Meadville

State  
PA

Zip Code  
16335-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The DJB Group, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843401**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shooshanian, Barbara, , ,**

Mailing Address 39500 High Pointe Blvd  
Ste 400

City  
Novi

State  
MI

Zip Code  
48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Administrators, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843402**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simmang, Michael, John, ,**

Mailing Address 143 E Austin St

City

Giddings

State

TX

Zip Code

78942-3201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Nitsche Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843403**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Strong, Cameron, F., ,**

Mailing Address 2565 Dexter Ave. N  
# 502

City

Seattle

State

WA

Zip Code

98109-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843404**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tellesbo-Kembel, Marsha, , ,**

Mailing Address 1001 4th Avenue, Suite 3200

City  
Seattle

State  
WA

Zip Code  
98154-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tellesbo & Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843408

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Todd, Helen, M., ,**

Mailing Address PO Box 56166

City  
Little Rock

State  
AR

Zip Code  
72215-6166

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Todd Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843410

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wright, Dennis, E., ,**

Mailing Address 1111 Chestnut Hills Pky

City  
Fort Wayne

State  
IN

Zip Code  
46814-8934

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Plans, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843412

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wynkoop Kapostins, Ashley, , ,**

Mailing Address 255 Primera Blvd, Suite 264

City  
Lake Mary

State  
FL

Zip Code  
32746-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CIGNA

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843413**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hall, Dwight, , ,**

Mailing Address 6107 Hazelwood Ave.

City  
Indianapolis

State  
IN

Zip Code  
46228-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
D Hall & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843414**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thal, Harry, P., ,**

Mailing Address 11006 Kernville Rd. #1

City  
Kernville

State  
CA

Zip Code  
93238-9765

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Harry P. Thal Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843415**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Acuna, Sergio, , ,**

Mailing Address P O Box 960367

City  
El Paso

State  
TX

Zip Code  
79996-0367

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sergio Acuna Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843416**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Durand, Tina, , ,**

Mailing Address P.O.Box 61157

City

Corpus Christi

State

TX

Zip Code

78466-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Heavin & Associates Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843417**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Baskett, John, , ,**

Mailing Address 2601C Blanding Ave #222

City

Alameda

State

CA

Zip Code

94501-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
John Baskett Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843423**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Braner, Jodie, E., ,

Mailing Address 5 Concourse Parkway  
18th Floor

City  
Atlanta

State  
GA

Zip Code  
30328-5350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Willis

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843424

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Copeland, Bob, , ,

Mailing Address 700 Larkspur Landing Circle, Suite

City  
Larkspur

State  
CA

Zip Code  
94939-1755

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Copeland Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843427

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Goodwin, Carolyn, L., ,

Mailing Address 12740 Hillcrest Road  
Suite 275

City  
Dallas

State  
TX

Zip Code  
75230-7129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Goodwin Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

Transaction ID : 10843431

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

145.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Griffey, Patricia, A., ,**

Mailing Address 17535 Generations Dr

City  
South Bend

State  
IN

Zip Code  
46635-1589

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Healy Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843432**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Howard, Michelle, S., ,**

Mailing Address 2850 West Grand Boulevard

City  
Detroit

State  
MI

Zip Code  
48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Health Alliance Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843434**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Irwin, Karen, K., ,**

Mailing Address 116 S Main St

City  
Swanton

State  
OH

Zip Code  
43558-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kim Bradford & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

**Transaction ID : 10843435**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

227.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Jones, Alan, L., ,**

Mailing Address 3420 Pump Road, #144

City  
Richmond

State  
VA

Zip Code  
23233-1111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TPA Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843436**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Embry, Michael, A., ,**

Mailing Address 26555 Evergreen Road  
Suite 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3435.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843437**

Amount of Each Receipt this Period

415.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Embry, Jeanne, A., ,**

Mailing Address 26240 Wacker Drive

City  
Chesterfield

State  
MI

Zip Code  
48051-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843438**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pennington, William, H., ,**

Mailing Address 4640 Woodbridge Drive

City  
Kernersville

State  
NC

Zip Code  
27284-8850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington Associates Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843442**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Perry, Jeff, , ,**

Mailing Address P O Box 51019

City  
Idaho Falls

State  
ID

Zip Code  
83405-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Hartwell Corporation

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843444**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stacy, Dustin, , ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843449**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stockstill, Julia Beckie, , ,**

Mailing Address 125 E. San Augustine

City  
Deer Park

State  
TX

Zip Code  
77536-4160

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stockstill & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843451**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ward, Michael, , ,**

Mailing Address 3219 E. Camelback Road  
#569

City  
Phoenix

State  
AZ

Zip Code  
85018-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emerging Benefits Consultants, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843453**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wickizer, Chris, Otto, ,**

Mailing Address 16619 74th Ave NE

City  
Kenmore

State  
WA

Zip Code  
98028-4261

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Chris Wickizer Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 23 / 2016

**Transaction ID : 10843454**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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102.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ledgerwood, Michael, , ,**

Mailing Address 12022 FOREST MOON DR

City  
CYPRESSState  
TXZip Code  
77433-3834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RELI Benefit Specialists LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : 10843455**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Westmoreland, Charles, L., ,**

Mailing Address 532 Cloifview Drive

City  
BrandonState  
MSZip Code  
39047-9183FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allstate BenefitsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : 10843456**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sobel, Michael, , ,**

Mailing Address 2105 Stirling Rd.

City  
BannockburnState  
ILZip Code  
60015-1525FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Daniel and Henry CoOccupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : 10843462**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

360.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hart, Daniel, R, ,

Mailing Address 2237 E. 32nd Street

City  
Tulsa

State  
OK

Zip Code  
74105-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Guardian Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : 10843736

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. West, Mitchell, , ,

Mailing Address Health Choice One, Attn: Mitch Wes  
6436 S Racine Cir

City  
Centennial

State  
CO

Zip Code  
80111-6479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MW Family Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : 10843738

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Phillips, Paige, W., ,

Mailing Address 1434 Hwy 301

City  
Calera

State  
AL

Zip Code  
35040-5466

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AWM, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2016

Transaction ID : 10843739

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buffum, Ronald, S., ,**

Mailing Address 106 South Harris Street  
# 237

City  
Round Rock

State  
TX

Zip Code  
78664-6081

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Buffum Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2016

**Transaction ID : 10843742**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bear, Dale, , ,**

Mailing Address 2550 NE Douglas St

City

Lees Summit

State  
MO

Zip Code  
64064-2224

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Education Services International

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY  
09 / 24 / 2016

**Transaction ID : 10843748**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Feldman, Jeremy, , ,**

Mailing Address 15324 Sweetbay St

City

Woodbine

State  
MD

Zip Code  
21797-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aflac

Occupation (for Individual)  
Broker Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

**Transaction ID : 10843752**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

184.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reents, Joni, Robin, ,**

Mailing Address 5760 W. 120th Avenue  
Suite 260

City  
Broomfield

State  
CO

Zip Code  
80020-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Reents Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : 10843753**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winson, Shelly, K., ,**

Mailing Address PO Box 1914

City

Chandler

State

AZ

Zip Code

85244-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
True Choice Benefits LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : 10843754**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lee, Philip, W., ,**

Mailing Address 935 Moraga Road  
Suite 240

City

Lafayette

State

CA

Zip Code

94549-4542

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BLIS Corp. dba Lee Health Insurance Se

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : 10843755**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Williams, Edward, P., ,**

Mailing Address 191 North Ave

City

Mount Clemens

State

MI

Zip Code

48043-9703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Action Health Insurance Agency

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : 10843756

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Middleton, Jo, L., ,**

Mailing Address 9525 Katy Freeway, Suite 125

City

Houston

State

TX

Zip Code

77024-1430

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TradeMark Insurance Agency LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : 10843758

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sokol, David, , ,**

Mailing Address 901 Wilshire Drive  
Suite 300

City

Troy

State

MI

Zip Code

48084-5611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Wilshire Benefits Group Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2016

Transaction ID : 10843760

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bogott, Christine, M., ,**

Mailing Address 125 Grand Avenue, Unit B

City

Grand Junction

State

CO

Zip Code

81501-2251

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MHIB Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

**Transaction ID : 10843764**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gootee, Jason, , ,**

Mailing Address 510 L Street  
Suite 270

City

Anchorage

State

AK

Zip Code

99501-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Moda Health

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

**Transaction ID : 10843766**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kross, David, R., ,**

Mailing Address 5556-B Cheviot Rd.

City

Cincinnati

State

OH

Zip Code

45247-5202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Benefits Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 25 / 2016

**Transaction ID : 10843767**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Whaley, Cynthia, , ,**

Mailing Address 408 N. Washington Street  
Suite A

City  
Easton

State  
MD

Zip Code  
21601-3704

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Avery Hall Benefit Solutions, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2016

**Transaction ID : 10843769**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Phillips, Stephanie, A., ,**

Mailing Address 11100 Mead Rd, Ste 300

City

Baton Rouge

State

LA

Zip Code

70816-2260

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HUB International

Occupation (for Individual)  
Benefit Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843775**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrison, James, M., ,**

Mailing Address 6096 Innovation Way

City

Carlsbad

State

CA

Zip Code

92009-1741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morrison Insurance Services, Inc

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843776**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Wooden, Rebecca, L., ,**

Mailing Address 201 NE Park Plaza Dr #293

City  
Vancouver

State  
WA

Zip Code  
98684-5881

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
A.L. Insurance Group Inc

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843780

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Drysdale, Sam, , ,**

Mailing Address P.O. Box 8222

City  
Springfield

State  
MO

Zip Code  
65801-8222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mercy Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843782

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Gibson, Amanda, , ,**

Mailing Address 248 E Capitol Street  
Suite 1200

City  
Jackson

State  
MS

Zip Code  
39201-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher Brown Bottrell

Occupation (for Individual)  
Employee Benefits Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843784

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

102.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wakamoto-Lee, Sue, , ,**

Mailing Address 303 2nd St

City

San Francisco

State

CA

Zip Code

94107-1366

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Zenefits

Occupation (for Individual)

Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 26 / 2016

**Transaction ID : 10843787**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cook, Troy, J., ,**

Mailing Address 6428 Wilcot Ct.

City

Johnston

State

IA

Zip Code

50131-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Telligen Health Management Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 26 / 2016

**Transaction ID : 10843788**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dinkel, Matthew, Kim, ,**

Mailing Address 13720 Six Mile Cypress, Suite B

City

Fort Myers

State

FL

Zip Code

33912-4324

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Alan Williams & Associates Insurance A

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 26 / 2016

**Transaction ID : 10843792**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Dickert, Vicki, Michele, ,**

Mailing Address 8833 Perimeter Park Blvd  
Suite 802

City  
Jacksonville

State  
FL

Zip Code  
32216-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BenTec Workplace Solutions

Occupation (for Individual)  
Vice President of Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843794

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hinck, John, H., ,**

Mailing Address 211 McLaws Circle, Ste2

City  
Williamsburg

State  
VA

Zip Code  
23185-5871

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hinck Financial Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843795

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Helbling, Consuelo, , ,**

Mailing Address 4101 N Broadway  
Ste 100

City  
Chicago

State  
IL

Zip Code  
60613-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LegalShield Business Solutions

Occupation (for Individual)  
General Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : 10843796

Amount of Each Receipt this Period

12.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

72.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kramer, Jeff, , ,**

Mailing Address 1640 NW 132nd ST

City  
Clive

State  
IA

Zip Code  
50325-8517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NRECA

Occupation (for Individual)  
Benefit Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843797**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Steven, L., ,**

Mailing Address 1151 Red Mile Road

City  
Lexington

State  
KY

Zip Code  
40504-2649

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Insurance Marketing

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843799**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Munger, David, , ,**

Mailing Address 3312 W. Magistrate Loop

City  
Hayden

State  
ID

Zip Code  
83835-5019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Munger Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843801**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Suzanne, K., ,**

Mailing Address 5955 Carnegie Blvd Suite 150

City  
Charlotte

State  
NC

Zip Code  
28209-4664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefit Advisors of the Carol

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843804**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ambro, Heather, , ,**

Mailing Address 2157 Welsch Industrial Ct.

City  
Saint Louis

State  
MO

Zip Code  
63146-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The ECCHIC Group

Occupation (for Individual)  
VP of Administration Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843807**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lenhart, Reid, , ,**

Mailing Address 715 Douglas Ave, Ste 14

City  
Altamonte Springs

State  
FL

Zip Code  
32714-2576

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Canadian Medstore

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : 10843814**

Amount of Each Receipt this Period

12.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

139.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mulvey, Delbert, , ,**

Mailing Address 6440 South Wasatch Blvd  
Suite 235A

City  
Salt Lake City

State  
UT

Zip Code  
84121-3546

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hub International

Occupation (for Individual)  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 26 / 2016

**Transaction ID : 10843910**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cartier, Fred, , ,**

Mailing Address 11555 Sorrento Valley Road  
Suite 203

City  
San Diego

State  
CA

Zip Code  
92121-1331

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Rogers Benefit Group, Inc.

Occupation (for Individual)  
Employee Benefits Advisor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843941**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Wallace, Keith, , ,**

Mailing Address 1400 Broadway

City  
Bellingham

State  
WA

Zip Code  
98225-3036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wallace-Rice Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843943**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

627.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moore, Douglas, F., ,**

Mailing Address 225 North Shore Drive  
Suite 300

City  
Pittsburgh

State  
PA

Zip Code  
15212-5860

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Seubert & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : 10843944**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Underhill, Elizabeth, J., ,**

Mailing Address 5951 Canoga Avenue

City

Woodland Hills

State

CA

Zip Code

91367-5010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Underhill Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : 10843946**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lord, Justin, , ,**

Mailing Address 935 East 36th Place

City

Tulsa

State

OK

Zip Code

74105-3001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wilcox & McGrath, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2016

**Transaction ID : 10843949**

Amount of Each Receipt this Period

10.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Reddy, Michael, S., ,**

Mailing Address 13800 Jackson Road

City  
Mishawaka

State  
IN

Zip Code  
46544-9195

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Insurers Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843951**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nevins, Erin, , ,**

Mailing Address 1717 Central Avenue Suite 202

City  
Albany

State  
NY

Zip Code  
12205-4759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EP Nevins Insurance Agency Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843952**

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mordo, David, , ,**

Mailing Address 15 Main St

City  
Holmdel

State  
NJ

Zip Code  
07733-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SlatteryGA, A division of Arthur J. Ga

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

553.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843953**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Phillips, Mark, , ,**

Mailing Address 165 Churchill Ct.

City  
Fayetteville

State  
GA

Zip Code  
30214-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843954**

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bechtel, Annette, , ,**

Mailing Address 200 Galleria Pkwy SE  
Ste 1950

City  
Atlanta

State  
GA

Zip Code  
30339-5946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OneDigital

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843956**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Witt, Kelly, J., ,**

Mailing Address 1017 Pine Hill Way

City  
Carmel

State  
IN

Zip Code  
46032-7701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Health and Wellness Group

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843960**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

82.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Johnson, Judy, Anne, ,**

Mailing Address 5581 N Barrasca Ave

City  
Tucson

State  
AZ

Zip Code  
85750-6495

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Optum

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843961**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hepscher, William, , ,**

Mailing Address 38176 Medical Center Avenue

City

Zephyrhills

State

FL

Zip Code

33540-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Canadian Drugstore

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843962**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kelley, Roger, J., ,**

Mailing Address 710 East Main St  
Suite 110

City

Lexington

State

KY

Zip Code

40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Epic Insurance Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY  
09 / 27 / 2016

**Transaction ID : 10843963**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kirkpatrick, Karen, L., ,

Mailing Address 263 N Matteson Lake Road

City  
Bronson

State  
MI

Zip Code  
49028-9313

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

On Your Mark Consulting

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : 10843965

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gussin, Craig, , ,

Mailing Address 701 Palomar Airport Road #260

City  
Carlsbad

State  
CA

Zip Code  
92011-1047

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Auerbach &amp; Gussin Insurance and Financ

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : 10843966

Amount of Each Receipt this Period

170.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beck, Carolyn, , ,

Mailing Address 7321 Eagle Crest Blvd.

City  
Evansville

State  
IN

Zip Code  
47715-8157

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SIHO Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 27 / 2016

Transaction ID : 10843967

Amount of Each Receipt this Period

42.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

254.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sherrod, Jeffrey, , ,**

Mailing Address 3810 Holly Ridge Drive

City  
Longview

State  
TX

Zip Code  
75605-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843969**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rowe, Peter, L., ,**

Mailing Address 3033 N. Central Ave  
Suite 810

City  
Phoenix

State  
AZ

Zip Code  
85012-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sunwest Benefits Consulting, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843972**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morris, George, W., ,**

Mailing Address 272 Penn Avenue

City  
Salem

State  
OH

Zip Code  
44460-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Morris Financial Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 27 / 2016

**Transaction ID : 10843980**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

630.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hazelbaker, Jay, , ,**

Mailing Address 5007 Pine Creek Drive

City  
Westerville

State  
OH

Zip Code  
43081-4849

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tabit, Arganbright & Hazelbaker, Inc.

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : 10844762

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lackey, Robert, A., ,**

Mailing Address 458 High Street, NE

City  
Warren

State  
OH

Zip Code  
44481-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Navigators Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : 10844764

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Reinstadler, Ruppert, , ,**

Mailing Address 6443 SW Beaverton-Hillsdale Hwy  
Suite 200

City  
Portland

State  
OR

Zip Code  
97221-4230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coordinated Resources Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

Transaction ID : 10844766

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

114.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brody, Andrea, , ,**

Mailing Address 6018 E Lowden Rd.

City  
Cave Creek

State  
AZ

Zip Code  
85331-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bravo Wellness

Occupation (for Individual)

Vice President of Business Developer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844767**

Amount of Each Receipt this Period

12.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Stedt, Margaret, Evelyn, ,**

Mailing Address P. O. Box 74325

City  
San Clemente

State  
CA

Zip Code  
92673-0145

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Stedt Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844770**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mannor, Kevin, C., ,**

Mailing Address 2205 Trautner Drive

City  
Saginaw

State  
MI

Zip Code  
48604-8201

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mannor Financial Group, Inc.

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844771**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

139.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Underhill, Charles, E., ,**

Mailing Address PO Box 626

City  
Woodland Hills

State  
CA

Zip Code  
91365-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Underhill Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2016

**Transaction ID : 10844773**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Simpson, Anya, Y., ,**

Mailing Address 700 Newtown Road, Suite 104

City  
Norfolk

State  
VA

Zip Code  
23502-3925

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Plans, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2016

**Transaction ID : 10844774**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Allard, Terry, , ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1635.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2016

**Transaction ID : 10844775**

Amount of Each Receipt this Period

170.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shively, Kevin, , ,**

Mailing Address 3800 Paluxy Dr  
Ste 540

City  
Tyler

State  
TX

Zip Code  
75703-1664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross Blue Shield

Occupation (for Individual)  
Carrier Sales Rep

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844779**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sullivan, Audra, I., ,**

Mailing Address 1201 N Watson Rd  
Ste 287

City  
Arlington

State  
TX

Zip Code  
76006-6222

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vogue Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844780**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stearns, Candius, Michelle, ,**

Mailing Address 3290 W Big Beaver Rd  
Ste 503

City  
Troy

State  
MI

Zip Code  
48084-2917

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mason-McBride/DFB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844781**

Amount of Each Receipt this Period

85.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Currier, Craig, Thomas, ,**

Mailing Address 11213 Davenport St.  
Ste. 201

City  
Omaha

State  
NE

Zip Code  
68154-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Aon Risk Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

664.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844798**

Amount of Each Receipt this Period

63.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hombroek, Al, , ,**

Mailing Address 30 Lumpkin St, Suite D

City

Lawrenceville

State

GA

Zip Code

30046-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Multiple Benefits Corporation

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844800**

Amount of Each Receipt this Period

85.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Smith, Paul, E., ,**

Mailing Address 100 Queen Street

City

Southington

State

CT

Zip Code

06489-2052

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paul E Smith Insurance, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844802**

Amount of Each Receipt this Period

175.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

323.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lubenow, Douglas, , ,**

Mailing Address 214 West Main Street  
Suite 203

City  
Moorestown

State  
NJ

Zip Code  
08057-2345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lubenow Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844803**

Amount of Each Receipt this Period

42.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hamilton, Brett, Michelle, ,**

Mailing Address PO Box 6398

City

Charleston

State

WV

Zip Code

25362-0398

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Black Horse Financial Advisors

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844809**

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LaValle-Tumbleson, Heather, Louise, ,**

Mailing Address 2214 5th St  
Suite 1

City

White Bear Lake

State

MN

Zip Code

55110-3039

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Athena Resource

Occupation (for Individual)  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2016

**Transaction ID : 10844814**

Amount of Each Receipt this Period

30.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pozniak, Naama, O., ,**

Mailing Address 12500 Riverside Drive, #206

City  
Valley Village

State  
CA

Zip Code  
91607-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A + Insurance Service

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

09 / 28 / 2016

**Transaction ID : 10844820**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Childers, Russell, B., ,**

Mailing Address PO Box 1547

City  
Americus

State  
GA

Zip Code  
31709-1547

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Childers, CLU

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

09 / 28 / 2016

**Transaction ID : 10844832**

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shores, Thomas, E., ,**

Mailing Address 8596 W Bolsa Ct.

City  
Boise

State  
ID

Zip Code  
83709-5196

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
T.A. Shores Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 28 / 2016

**Transaction ID : 10844992**

Amount of Each Receipt this Period

42.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

382.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moriello, Nicholas, A., ,**

Mailing Address 260 Chapman Road  
Suite 107

City  
Newark

State  
DE

Zip Code  
19702-5410

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Savoy Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : 10845251**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Arif, Jameel, E., ,**

Mailing Address 6200 Schaefer Road

City

Dearborn

State

MI

Zip Code

48126-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New Millennium Financial Services, LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : 10845258**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dixon, Russell, R., ,**

Mailing Address PO Box 27

City

Wheaton

State

IL

Zip Code

60187-0027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

144.00

Date of Receipt

MM / DD / YYYY  
09 / 14 / 2016

**Transaction ID : 10882618**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$280.50 This  
changes the YTD Total to \$144.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

465.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Smith, Kevin, W., ,**

Mailing Address 2000 RiverEdge Parkway  
Suite 1010

City  
Sandy Springs

State  
GA

Zip Code  
30328-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KSA Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 13 / 2016

**Transaction ID : 10882715**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$450.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Thompson, Hillary, , ,**

Mailing Address 13800 Jackson Rd

City  
Mishawaka

State  
IN

Zip Code  
46544-9195

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Keystone Insurer's Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72.00

Date of Receipt

09 / 21 / 2016

**Transaction ID : 10882733**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$72.00

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. VanDenburgh, Debby, , ,**

Mailing Address 140 Washington

City  
Reno

State  
NV

Zip Code  
89503-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Laughton Company

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

12.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : 10882742**

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totaling \$150.00 This changes the YTD Total to \$12.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. McDougall, Heather, Lee, ,**

Mailing Address 1312 W Kiva Ave

City  
Mesa

State  
AZ

Zip Code  
85202-6633

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Affiliated Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433059214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Villagran, Denise, S., ,**

Mailing Address 1016 Santa Fe, #205

City

Corpus Christi

State

TX

Zip Code

78404-2343

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Entrust, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433061214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schreder, Lynn, M., ,**

Mailing Address 130 North 25th Street

City

Fort Dodge

State

IA

Zip Code

50501-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KHI Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433076114304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stock, Tiffany, , ,

Mailing Address 3111 C St.

Suite 500

City

Anchorage

State

AK

Zip Code

99503-3973

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Northrim Benefits Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433079014304

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Adams, Carla, , ,

Mailing Address 2229 Mesa Brook

City

Schertz

State

TX

Zip Code

78154-1975

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Total Administrative Services Corporat

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433095014304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davies, Melissa, , ,

Mailing Address 9425 Double R Blvd

Ste F

City

Reno

State

NV

Zip Code

89521-5928

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Clark and Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433115414304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Madeleine, , ,**

Mailing Address P.O. Box 1490,

City  
Jackson

State  
MS

Zip Code  
39215-1490

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fisher Brown Bottrell Insurance, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433118914304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Deacon, Joseph, H., ,**

Mailing Address 221 1/2 Hale Street  
PO Box 2831

City  
Charleston

State  
WV

Zip Code  
25301-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Deacon & Deacon Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433129314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McFerrin, Dwane, C., ,**

Mailing Address 8420 West Dodge Road  
Suite 510

City  
Omaha

State  
NE

Zip Code  
68114-3432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Market Sales, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433168114304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barrett, William, J., ,**

Mailing Address 7400 West Campus Road

City  
New Albany

State  
OH

Zip Code  
43054-8725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aetna

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433180614304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Christensen, H Elizabeth, , ,**

Mailing Address 3013 Sonora Canyon Rd

City  
Weatherford

State  
TX

Zip Code  
76087-8215

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

United Senior Services of Texas

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433187714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rifkin, Robert, L., ,**

Mailing Address 7 Stonewall Lane

City  
Mamaroneck

State  
NY

Zip Code  
10543-1025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insurance & Financial Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433196814304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. **Dorman, Harry, , ,**

Mailing Address 1500 N Casaloma Dr Suite 411

City  
Appleton

State  
WI

Zip Code  
54913-8219

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Medicare Masters, LLC

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433197414304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. **Long, Scott, W., ,**

Mailing Address 1715 Greenway Village Dr.

City  
Katy

State  
TX

Zip Code  
77494-2175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Transamerica Employee Benefits

Occupation (for Individual)  
Sales Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433206814304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. **Brittain, Jennifer, , ,**

Mailing Address 208 N. Mill

City  
Pryor

State  
OK

Zip Code  
74361-2422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brown & Brown, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

469.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR433214314304

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gerken, Barbara, Ann, ,**

Mailing Address 1775 Indian Wood Circle

City  
Maumee

State  
OH

Zip Code  
43537-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

First Insurance Group

Occupation (for Individual)

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433268314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. McCann Potter, Amanda, , ,**

Mailing Address 911 Midkiff

City  
Midland

State  
TX

Zip Code  
79701

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Aflac

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433277614304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thams, Todd, , ,**

Mailing Address 1209 Broadway

City  
Denison

State  
IA

Zip Code  
51442-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Thams Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433308314304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Spleet, Michael, , ,**

Mailing Address 2444 East Hill Rd.

City

Grand Blanc

State

MI

Zip Code

48439-5098

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Franklin Benefit Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433316614304**

Amount of Each Receipt this Period

75.00

☐ Memo Item

P/R Deduction (\$75.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Drake, Laura, , ,**

Mailing Address 401 Gooding St N #106

City

Twin Falls

State

ID

Zip Code

83301-6177

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Laura Drake Insurance

Occupation (for Individual)

Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433504414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Farnsley, Mindy, Payne, ,**

Mailing Address 3702 Brownsboro Rd

City

Louisville

State

KY

Zip Code

40207-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Preferred Benefits

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433519214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Levit, Donald, , ,**

Mailing Address 5120 Woodway Dr Suite 10023

City  
Houston

State  
TX

Zip Code  
77056-1725

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
National Prosperity Life and Health In

Occupation (for Individual)  
Co-founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433679114304**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Golden, Johnna, , ,**

Mailing Address 2550 Denali Street, Suite 1404

City  
Anchorage

State  
AK

Zip Code  
99503-2753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Premera Blue Cross Blue Shield of Alas

Occupation (for Individual)  
Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR433692814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Skinner, Roger, W., ,**

Mailing Address 4010 State Street

City  
Tampa

State  
FL

Zip Code  
33609-1264

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Argus Dental and Vision

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

274.50

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436789414304**

Amount of Each Receipt this Period

30.50

☐ Memo Item

P/R Deduction (\$30.50 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Garven, John, P., ,**

Mailing Address P. O. Box 8

11715 East Main Street -

City

Huntley

State

IL

Zip Code

60142-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benico, LTD

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR43679114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rippinger, John, F., ,**

Mailing Address 11047 E Verbena Lane

City

Scottsdale

State

AZ

Zip Code

85255-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insurance Look LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436793514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Van Zant, Catherine, , ,**

Mailing Address 3425 N. Futrell Drive, Suite 201

City

Fayetteville

State

AR

Zip Code

72703-4816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Stephens Insurance, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436801914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kern, Roy, W., ,**

Mailing Address 3015 South Fort Avenue, Suite B

City  
Springfield

State  
MO

Zip Code  
65807-4311

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kern Insurance Services, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436804514304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hartman, Gerald, G., ,**

Mailing Address PO Box 5716

City  
Boise

State  
ID

Zip Code  
83705-0716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Network America Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436808014304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rowe, Eugene, L., ,**

Mailing Address 16000 Ventura Blvd

City  
Encino

State  
CA

Zip Code  
91436-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
R & R Retirement and Insurance Service

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436817914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Christian, Brad, L.,**

Mailing Address PO Box 188

City  
Clatonia

State  
NE

Zip Code  
68328-0188

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance & Investments

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436821014304**

Amount of Each Receipt this Period

10.00

☐ Memo Item

P/R Deduction (\$10.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Trautwein, Janet, , ,**

Mailing Address 1212 New York Ave. NW, Ste 1100

City  
Washington

State  
DC

Zip Code  
20005-3987

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NAHU

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436821414304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sutherland, William, L., ,**

Mailing Address P.O Box 795008  
131 Interpark Blvd.

City  
San Antonio

State  
TX

Zip Code  
78279-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wortham Insurance & Risk Management

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436823414304**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rios-Carl, Elizabeth, E., ,**

Mailing Address 210 North Campbell

City  
El Paso

State  
TX

Zip Code  
79901-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Houghton Financial Partners LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436824514304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Besselman, Thomas, , ,**

Mailing Address 6421 Perkins Rd., # 2B, Bldg A

City  
Baton Rouge

State  
LA

Zip Code  
70808-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gallagher Benefit Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436824614304**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Patton, Jesse, A., ,**

Mailing Address 1112 Maple Street

City  
West Des Moines

State  
IA

Zip Code  
50265-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associations Marketing Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436829514304**

Amount of Each Receipt this Period

350.00

☐ Memo Item

P/R Deduction (\$350.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berman, David, A, ,**

Mailing Address 6510 N. Shadeland Avenue

City  
Indianapolis

State  
IN

Zip Code  
46220-4369

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Neace Lukens Holding Company, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436829714304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ashmore, Elizabeth, , ,**

Mailing Address 6102 82nd St, Bldg #6

City  
Lubbock

State  
TX

Zip Code  
79424-0803

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ashmore & Associates Insurance Agency,

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436830314304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kramer, Mary, B., ,**

Mailing Address 13810 National Bank Parkway, Suite

City  
Omaha

State  
NE

Zip Code  
68154

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Holmes Murphy & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436836214304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

297.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grundman, Robert, A., ,**

Mailing Address 7412 Karl Drive

City  
Lincoln

State  
NE

Zip Code  
68516-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Benefit Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436838914304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Matznick, Michael, E., ,**

Mailing Address 3150 N. Elm Street  
Suite 201

City  
Greensboro

State  
NC

Zip Code  
27408-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EbenConcepts Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436839814304**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cociu, Dorothy, M., ,**

Mailing Address P.O. Box 6677

City  
Fullerton

State  
CA

Zip Code  
92834-6677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Benefit Consulting & Insuranc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436844614304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

235.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wright, Keith, L., ,**

Mailing Address 401 W Front St  
Ste 4

City  
Traverse City

State  
MI

Zip Code  
49684-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wright Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436848514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fortenberry, H. Larry, , ,**

Mailing Address PO Box 16566

City  
Jackson

State  
MS

Zip Code  
39236-6566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Planning Group, P.A.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436852614304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bean, DarraId, T., ,**

Mailing Address 3922 Rampart ST

City  
Boise

State  
ID

Zip Code  
83704-4557

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bean Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436853314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swayne, Tom, , ,**

Mailing Address PO Box 31029

City  
Charleston

State  
SC

Zip Code  
29417-1029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
David M. Gilston Insurance Agency, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436853714304**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Freeman, Michael, J., ,**

Mailing Address 3511 Camino Del Rio South  
Suite 303

City  
San Diego

State  
CA

Zip Code  
92108-4043

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Countywide Health Ins. Services, Inc.

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436861814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Keeling, George, R., ,**

Mailing Address P.O. Drawer K-1630  
507 Avenue G

City  
Levelland

State  
TX

Zip Code  
79336-3720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
George R. Keeling Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436865514304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mobley, Sandra, V., ,**

Mailing Address 137 Executive Dr. Suite D

City  
Madison

State  
MS

Zip Code  
39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mobley Insurance Agency LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR436869314304

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Paula, L., ,**

Mailing Address 31930 Daniel Way

City  
Temecula

State  
CA

Zip Code  
92591-2129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Paula Wilson, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR436873514304

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rainwater, Kathy, M., ,**

Mailing Address 515 West Southwest Loop 323

City  
Tyler

State  
TX

Zip Code  
75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Threlkeld & Company Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR436873714304

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stuart, Rodney, , ,**

Mailing Address 600 E Carmel Dr  
Suite 100

City  
Carmel

State  
IN

Zip Code  
46032-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Strategic Insurance Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436883314304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Varisco, David, W., ,**

Mailing Address 502 Paris St.

City

Lafayette

State

LA

Zip Code

70506-5249

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Oxford Asset Management,LLC

Occupation (for Individual)  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436894614304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Spragins, Jackie, L., ,**

Mailing Address P O Box 2073

City

Wichita Falls

State

TX

Zip Code

76307-2073

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Allred-Thompson-Mason-Daugherty Insura

Occupation (for Individual)  
Producer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR436895314304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fagen, John, G., ,**

Mailing Address PO Box 19

City

Demotte

State

IN

Zip Code

46310-0019

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Financial Arts Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436896514304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Janway, Leah-Anne, , ,**

Mailing Address 2225 SW 96

City

Oklahoma City

State

OK

Zip Code

73159-6861

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bigbie, Hensley & Janway Insurance Age

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436901514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Morrow, Todd, , ,**

Mailing Address 1173 Brittmore

City

Houston

State

TX

Zip Code

77043-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Concepts, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436903714304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

97.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Booth, Tonya, S., ,**

Mailing Address 1801 Gateway Blvd.  
Suite 200

City  
Richardson

State  
TX

Zip Code  
75080-3646

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upshaw Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436911014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shaffer, Annette, , ,**

Mailing Address 418 South Main Street

City  
Findlay

State  
OH

Zip Code  
45840-3273

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Group Benefit Consultants

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436917214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Recker, Dennis, J., ,**

Mailing Address 971 North Perry Street  
P.O. Box 276

City  
Ottawa

State  
OH

Zip Code  
45875-1218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fawcett, Lammon, Recker & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436919014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kaczmarek, Lawrence, , ,**

Mailing Address P.O. Box 345

City  
Ravenna

State  
OH

Zip Code  
44266-0345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436923414304**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cason, Louie, L., ,**

Mailing Address PO Box 11229

City  
Columbia

State  
SC

Zip Code  
29211-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Cason Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436934814304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Whitmire, Jimmie, , ,**

Mailing Address 503 Eighth Street

City  
Wichita Falls

State  
TX

Zip Code  
76301-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Whitmire & Whitmire, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436939114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

158.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stenger, James, R., ,**

Mailing Address 8926 Crown Colony Boulevard

City

Fort Myers

State

FL

Zip Code

33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NAHU

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1655.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436939914304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Seifert, Gregory, J., ,**

Mailing Address PO Box 189

916 Main Street

City

Vancouver

State

WA

Zip Code

98666-0189

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Biggs Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436941614304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Woods, John, , ,**

Mailing Address 458 High Street

City

Warren

State

OH

Zip Code

44481-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

INSURANCE NAVIGATORS AGENCY

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436950014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fairbairn, Nicole, , ,**

Mailing Address 8069 Little Circle Road

City  
Noblesville

State  
IN

Zip Code  
46060-1071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Creative Insurance Concepts Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436957114304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Holland, Robert, V., ,**

Mailing Address PO Box 698

City  
Centralia

State  
WA

Zip Code  
98531-0698

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Centralia General Agencies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436961714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schneider, John, E., ,**

Mailing Address 4300 Sidco Drive, Suite 200

City  
Nashville

State  
TN

Zip Code  
37204-4537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial Life

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436963514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Parker, John, C., ,**

Mailing Address 38 Hope St  
Unit 1312

City  
Niantic

State  
CT

Zip Code  
06357-2454

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Parker Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436986814304**

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bentley, Bob, , ,**

Mailing Address 9557 Silverdale Loop Road, NW

City

Silverdale

State

WA

Zip Code

98383-9132

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Albers Company

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436990414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Splawn, William, Craig, ,**

Mailing Address 800 Avenue C

City

Katy

State

TX

Zip Code

77493-2302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Splawn & Associates

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436992814304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

180.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rose, Charla, S., ,**

Mailing Address PO Box 1299

City  
Amarillo

State  
TX

Zip Code  
79105-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Upshaw Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR436999114304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fristoe, Kelly, Don, ,**

Mailing Address 807 8th Street, Suite 300

City  
Wichita Falls

State  
TX

Zip Code  
76301-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Financial Partners

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437002314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Thorn, Ryan, P., ,**

Mailing Address 10342 South Springcrest Lane

City  
South Jordan

State  
UT

Zip Code  
84095-4538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ryan P. Thorn Insurance Planning, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

535.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437004014304**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Doyle, Betty, R., ,**

Mailing Address 108 SE 3rd, Suite A

City  
Moore

State  
OK

Zip Code  
73160-5234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Doyle-Crow & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437006914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Buie, Scott, T., ,**

Mailing Address 6440 South Wasatch Blvd., #150

City

Salt Lake City

State

UT

Zip Code

84121-3513

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Buie Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437010514304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Better, James, P., ,**

Mailing Address 11 Summer Street, Suite 6

City

Chelmsford

State

MA

Zip Code

01824-3064

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
New England Medical Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437011514304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gray, Michael, D., ,**

Mailing Address 233 South 13th Street, Suite 1650

City  
Lincoln

State  
NE

Zip Code  
68508-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437016714304

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Forshee, Dee, , ,**

Mailing Address 203 E Main #B

City  
Union

State  
MO

Zip Code  
63084-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Ming Senior Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437017014304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duhon, Keith, M., ,**

Mailing Address PO Box 80158

City  
Lafayette

State  
LA

Zip Code  
70598-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Family Insurance Center, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437017114304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

145.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Castellani, Lorelei, G., ,**

Mailing Address PO Box 905

City

Branchville

State

NJ

Zip Code

07826-0905

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Guidance Systems

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437019214304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Winn, Tammy, , ,**

Mailing Address 9811 S IH 35, Building 1  
Suite 100

City

Austin

State

TX

Zip Code

78744-7901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SWBC Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437022714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kaczmarek, T. Darlene, , ,**

Mailing Address P O Box 345

City

Ravenna

State

OH

Zip Code

44266-0345

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Kaczmarek Ins. Services Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

279.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437026314304**

Amount of Each Receipt this Period

31.00

☐ Memo Item

P/R Deduction (\$31.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blizman, Donna, J., ,**

Mailing Address 1939 Racimo Dr

City  
Sarasota

State  
FL

Zip Code  
34240-9426

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Employee Benefits Marketing Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437031514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Schwartz, Matt, B., ,**

Mailing Address 2950 Breckenridge Lane, Suite 8

City  
Louisville

State  
KY

Zip Code  
40220-1462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Schwartz Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437037814304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Moore, Wesley, P., ,**

Mailing Address P O Box 604

City  
Darlington

State  
SC

Zip Code  
29540-0604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Moore Insurance Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437039414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hayes, Leesa, Kay, ,**

Mailing Address 812 Lyndon Lane Suite 101

City  
Louisville

State  
KY

Zip Code  
40222-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Snowden & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437043314304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Clark, Jonathan, S., ,**

Mailing Address 6084 South 900 East, Suite 102

City  
Salt Lake City

State  
UT

Zip Code  
84121-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Fringe Benefits Analysts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437051514304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BRYNE, Tim, , ,**

Mailing Address P O Box 8950

City  
Madison

State  
WI

Zip Code  
53708-8950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
M3 Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437051614304

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brockhurst, Eleanor, M., ,**

Mailing Address 1212 East Osborn Road, Suite 110

City  
Phoenix

State  
AZ

Zip Code  
85014-5537

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Brockhurst & Associates, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437052814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Martin, Kimberly, C., ,**

Mailing Address 1027 S Pendleton Street  
Suite B-217

City  
Easley

State  
SC

Zip Code  
29642-1046

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437058214304**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Olson, Terri, M., ,**

Mailing Address P. O. Box 21479

City  
Keizer

State  
OR

Zip Code  
97307-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Olson Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

555.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437070214304**

Amount of Each Receipt this Period

65.00

☐ Memo Item

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Alberts, Suzetta, E., ,**

Mailing Address 26555 Evergreen Drive  
Ste 535

City  
Southfield

State  
MI

Zip Code  
48076-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comprehensive Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

931.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437076114304**

Amount of Each Receipt this Period

84.00

☐ Memo Item

P/R Deduction (\$84.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Lopez, Juan, R., ,**

Mailing Address 22431 Antonio Pkwy  
Suite B160-420

City

Rancho Santa Margarita

State  
CA

Zip Code  
92688-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437079014304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Chornak, Shelley, A., ,**

Mailing Address 7251 Engle Rd. Suite 103

City

Cleveland

State  
OH

Zip Code  
44130-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sage Partners, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437080814304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rice, Lori, R., ,**

Mailing Address 3611 Paesanos Pkwy  
Ste 100

City  
San Antonio

State  
TX

Zip Code  
78231-1256

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Frost Insurance Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437086414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Koehler, Linda Rose, , ,**

Mailing Address 235 Main Street

City

Pleasanton

State  
CA

Zip Code  
94566-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Herzog Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437090114304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kennedy-Simington, Dierdre, , ,**

Mailing Address 17200 Ventura Blvd., Suite 312

City

Encino

State  
CA

Zip Code  
91316-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genesis Financial & Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437094114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Henehan, Joseph, E., ,**

Mailing Address 685 Carnegie Dr., Ste. #205

City  
San Bernardino

State  
CA

Zip Code  
92408-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Henehan Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437097914304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roiz, Mario, , ,**

Mailing Address 10446 NW 31st Terrace

City  
Doral

State  
FL

Zip Code  
33172-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HR Benefit Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437104914304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Stephens, James, R., ,**

Mailing Address 100 Mansell Ct East  
Suite 400

City  
Roswell

State  
GA

Zip Code  
30076-4859

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437110714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

157.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Buyalos, Joseph, W., ,**

Mailing Address 9713 Key West Ave, Suite 401

City  
Rockville

State  
MD

Zip Code  
20850-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Insurance Exchange, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437111614304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garner, G. Russell, , ,**

Mailing Address 1308 Murraywood Drive

City  
Columbia

State  
SC

Zip Code  
29212-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
G. Russell Garner LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437113214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Doucet, Cynthia, H., ,**

Mailing Address 104 Mondrian Way

City  
Lafayette

State  
LA

Zip Code  
70501-7730

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Global Financial Resources, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437116414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MCEVILLY, BRIAN, J., ,**

Mailing Address 4455 S. Pecos Rd.

City  
Las Vegas

State  
NV

Zip Code  
89121-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GLB Insurance Group of Nevada

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437117714304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Roberts, Joseph, K., ,**

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437118014304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Klene, Lonnie, , ,**

Mailing Address 14339 Torrey Chase Blvd., Ste F

City  
Houston

State  
TX

Zip Code  
77014-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Core Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437119614304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Vanderwater Bratteli, Wendy, , ,**

Mailing Address 515 West Southwest Loop 323

City  
Tyler

State  
TX

Zip Code  
75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Threlkeld & Company Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437122414304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Benton, Bruce, D., ,**

Mailing Address 17200 Ventura Blvd  
Suite 312

City  
Encino

State  
CA

Zip Code  
91316-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Genesis Financial & Insurance Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1655.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437123014304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Antongiovanni, Joanna, , ,**

Mailing Address P.O. Box 795008

City  
San Antonio

State  
TX

Zip Code  
78279-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wortham Insurance & Risk Management

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437128014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

242.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 132 OF 195  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Friedrich, Linda, K., ,**

Mailing Address 4435 O Street

City  
LincolnState  
NEZip Code  
68510-1842FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437129114304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Papenfus, Jeffrey, , ,**

Mailing Address 32110 Agoura Road

City  
Westlake VillageState  
CAZip Code  
91361-4026FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Warner Pacific Insurance ServicesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437137814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Walsh, Timothy, P., ,**

Mailing Address 701 Oyster Catcher Drive

City  
HampsteadState  
NCZip Code  
28443-8340FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Advanced Insurance SystemsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437149414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

110.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hebert, Laura, L., ,**Mailing Address 935 Graham Road  
PO BOX 18508City  
Corpus ChristiState  
TXZip Code  
78418-5123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Hebert Insurance GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437154814304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. White, Robert, H., ,**

Mailing Address 6724 S 29th W Place

City  
TulsaState  
OKZip Code  
74132-1766FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Plan Benefit Analysts, a Division of HOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437174114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tierney, Robert, J., ,**

Mailing Address 830 N Main St, Ste 200

City  
MeridianState  
IDZip Code  
83642-2611FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Compass Benefit AdvisorsOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437175214304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

114.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Murray, Neal, , ,**

Mailing Address 1314 East Atlantic Boulevard

City

Pompano Beach

State

FL

Zip Code

33060-6745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Frank H. Furman, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR437183414304**

Amount of Each Receipt this Period

30.00



Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ducote, Dale, , ,**

Mailing Address 7922 Summa Avenue, Suite B-1

City

Baton Rouge

State

LA

Zip Code

70809-3475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Plus Consulting Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR437184614304**

Amount of Each Receipt this Period

42.00



Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schulman, Alan, R., ,**

Mailing Address 6500 Rock Spring Drive  
Suite 410

City

Bethesda

State

MD

Zip Code

20817-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Meltzer Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : PR437194614304**

Amount of Each Receipt this Period

15.00



Memo Item

P/R Deduction (\$15.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

87.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Debler, Johnnie, O., ,**

Mailing Address 1102 E. Laurel St.

City  
Rockport

State  
TX

Zip Code  
78382-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GSM Insurors Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437196414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Crable, John, B., ,**

Mailing Address 5000 Dearborn Cir. Ste 100

City

Mount Laurel

State

NJ

Zip Code

08054-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Corporate Synergies Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437199714304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Braden, Victoria, J., ,**

Mailing Address 3875 Johns Creek Parkway, Suite C

City

Suwanee

State

GA

Zip Code

30024-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Braden Benefit Strategies, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437201914304**

Amount of Each Receipt this Period

250.00

☐ Memo Item

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nace, Joshua, D., ,**

Mailing Address 100 W. Harrison Street, Suite S440

City  
Seattle

State  
WA

Zip Code  
98119-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dental Health Services

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437203314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Wilson, Lon, G., ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437204314304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bundy-Cobb, Jennifer, , ,**

Mailing Address 3000 A Street, Suite 400

City  
Anchorage

State  
AK

Zip Code  
99503-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Wilson Agency, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

635.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437204414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Stenger, Marilyn, A., ,**

Mailing Address 8926 Crown Colony Blvd

City

Fort Myers

State

FL

Zip Code

33908-5627

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MVS Consulting

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437206414304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Garbina, James, S., ,**

Mailing Address 14010 FNB Pkwy Ste 300

City

Omaha

State

NE

Zip Code

68154-5235

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The Harry A. Koch Co

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437212214304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cooper, Catherine, L., ,**

Mailing Address 39500 High Pointe Blvd., Suite 400

City

Novi

State

MI

Zip Code

48375-5517

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Health Alliance Administrators

Occupation (for Individual)

Broker

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437218314304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 138 OF 195

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Musser, Rita, A., ,**

Mailing Address 3330 Thames Drive

City

Fort Wayne

State

IN

Zip Code

46815-5994

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Senior Insurance Solutions

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437229114304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gardner, Joy, K., ,**

Mailing Address 9424 Double R Blvd

City

Reno

State

NV

Zip Code

89521-5977

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Comstock Insurance Agencies, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437231214304**

Amount of Each Receipt this Period

47.00

☐ Memo Item

P/R Deduction (\$47.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Norris, Michael, A., ,**

Mailing Address 295 E Palmer Street

City

Franklin

State

NC

Zip Code

28734-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Wayah Employee Benefits / EbenConcepts

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437250014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barton-Lewis, Diane, L., ,**

Mailing Address **Arthur J Gallagher & Co**  
**615 E. Britton Road**

City  
**Oklahoma City**

State  
**OK**

Zip Code  
**73114-7710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Gallagher Benefit Services, Inc.**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : PR437254114304**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Powers-Booth, Sandra, Lee, ,**

Mailing Address **4817 S. 175th Street**

City  
**Seatac**

State  
**WA**

Zip Code  
**98188-3710**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Health Benefits Northwest**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**428.00**

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : PR437264314304**

Amount of Each Receipt this Period

**42.00**

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hardy, Allen, D., ,**

Mailing Address **802 Kosciusko Road**  
**P.O. Box 89**

City  
**Philadelphia**

State  
**MS**

Zip Code  
**39350-3555**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**Philadelphia Security Insurance**

Occupation (for Individual)  
**Broker**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**270.00**

Date of Receipt

**09 / 30 / 2016**

**Transaction ID : PR437264914304**

Amount of Each Receipt this Period

**30.00**

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**102.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Toups, Jennifer, L., ,**

Mailing Address #1 Galleria Blvd, Suite 1122

City  
Metairie

State  
LA

Zip Code  
70001-2092

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437270514304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Eastin, Bill, , ,**

Mailing Address 1504 Hackberry Street

City  
Metairie

State  
LA

Zip Code  
70001-3318

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dardis Couvillion & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437271714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hissong, James, H., ,**

Mailing Address 8401 Widmer Rd

City  
Lenexa

State  
KS

Zip Code  
66215-5416

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self

Occupation (for Individual)  
Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437274714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Tolbert, Margaret, S., ,**

Mailing Address 6501 Peake Rd Bld 950

City  
Macon

State  
GA

Zip Code  
31210-8063

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tolbert & Associates

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437280514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Summers, James, F., ,**

Mailing Address 8420 West Dodge Road, 5th Floor

City  
Omaha

State  
NE

Zip Code  
68114-3443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Market Sales, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437281014304**

Amount of Each Receipt this Period

125.00

☐ Memo Item

P/R Deduction (\$125.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hensley, Don, E., ,**

Mailing Address P. O. Box 20626

City  
Oklahoma City

State  
OK

Zip Code  
73156-0626

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Bigbie, Hensley & Janway Insurance Age

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437293514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Yarberry, Luann, S., ,**

Mailing Address 1300 10th Street

City  
Wichita FallsState  
TXZip Code  
76301-3227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Higginbotham Ins Agency, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437301014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Oakes, Angela, , ,**Mailing Address 301 Cedar St  
Suite 203City  
SandpointState  
IDZip Code  
83864-1425FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Summit Insurance Resource GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437309014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sullivan, T.J., , ,**

Mailing Address 1786 State Street

City  
SalemState  
ORZip Code  
97301-4341FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Huggins Insurance Services, Inc.Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437310514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Blakely, Russ, , ,**

Mailing Address PO Box 11310

City  
Chattanooga

State  
TN

Zip Code  
37401-2310

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Russ Blakely & Associates, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437317314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Enders, Shannon, J., ,**

Mailing Address 5797 Harvey Street - Suite A

City  
Norton Shores

State  
MI

Zip Code  
49444-6727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lakeshore Employee Benefits

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437322414304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Bell, Marie, D., ,**

Mailing Address 701 4th Ave S. #1500

City  
Minneapolis

State  
MN

Zip Code  
55415-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DeRuyter-Bell, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437323314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mihalyi-Stiffler, Patricia, , ,**

Mailing Address 155 N. Riverview Drive

City  
Anaheim

State  
CA

Zip Code  
92808-1225

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Options in Insurance

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437326114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pittman, Susan, R., ,**

Mailing Address 32418 51st Avenue, SW

City

Federal Way

State

WA

Zip Code

98023-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insure NW Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437343514304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Duvernay, Jack, E., ,**

Mailing Address P O Box 8950

City

Metairie

State

LA

Zip Code

70011-8950

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Eagan Insurance Agency, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437344514304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

117.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawless, Jim, , ,**

Mailing Address Epic Insurance Solutions, LLC  
710 East Main Street

City  
Lexington

State  
KY

Zip Code  
40502-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Epic Insurance Solutions, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR437348014304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bajkowski, Catherine, A., ,**

Mailing Address 188 Industrial Drive, Suite 226

City  
Elmhurst

State  
IL

Zip Code  
60126-1610

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CB Health Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR437361114304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Block, David, M., ,**

Mailing Address P O Box 1809

City  
Candler

State  
NC

Zip Code  
28715-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Specialties, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY  
09 / 30 / 2016

**Transaction ID : PR437364414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tikia, Rina, , ,

Mailing Address 3525 N. Causeway Blvd., Suite 815

City  
Metairie

State  
LA

Zip Code  
70002-3655

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Tikia Consulting Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437375314304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Thomas, Jeffery, C., ,

Mailing Address 6200 Reynolds Road

City  
Jackson

State  
MI

Zip Code  
49201-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Small Business Association of Michigan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437385414304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cutting, Brenda, , ,

Mailing Address 4356 Bonney Road  
Suite 2-101

City  
Virginia Beach

State  
VA

Zip Code  
23452-1200

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling Benefits, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437388314304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bogard, Andrea, J., ,**

Mailing Address 100 W. Court Ave.  
Suite 207

City  
Jeffersonville

State  
IN

Zip Code  
47130-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

A. Bogard Insurance Group

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437400014304

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gutierrez, Antonio, , ,**

Mailing Address 12833 Riverdance Dr.

City  
Raleigh

State  
NC

Zip Code  
27613-7093

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ACA Dudes, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437402014304

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Cramer, Valerie, Lynn, ,**

Mailing Address 588 - 3 Mile Road, NW  
Suite 101

City  
Grand Rapids

State  
MI

Zip Code  
49544-8221

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Grotenhuis

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : PR437416414304

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 195

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hahn, Monique, E., ,**Mailing Address 1701 1st Ave S  
Unit 400City  
BirminghamState  
ALZip Code  
35233-1847FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Synergy Benefits & Risk Mgt IncOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437417014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Gandy, Hollie, , ,**

Mailing Address 2920 Duniven Circle, #2

City  
AmarilloState  
TXZip Code  
79109-1650FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Senior Solutions GroupOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437425014304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Clark, Robert, S., ,**

Mailing Address 7548 Preston Road

City  
FriscoState  
TXZip Code  
75034-5683FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Clark Insurance Associates, PLLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437427214304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶

102.00

**TOTAL** This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rosenblum, Joel, , ,**

Mailing Address 230 Lipan Way

City  
Boulder

State  
CO

Zip Code  
80303-3635

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Insurance for Asset Protection

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437427414304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mutter, Amy, D., ,**

Mailing Address 2670 Electric Road

City

Roanoke

State

VA

Zip Code

24018-3511

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Innovative Insurance Group, LLC

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437454914304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Damron, Reed, , ,**

Mailing Address 5880 Live Oak Parkway, Suite 250

City

Norcross

State

GA

Zip Code

30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

HIRE Benefits, Inc.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437468914304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

169.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Anderson-Wallis, Melinda, S., ,**

Mailing Address 950 N. Meridian St.  
Suite 200

City  
Indianapolis

State  
IN

Zip Code  
46204-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IU Health Plans

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437470814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Smith, David, C., ,**

Mailing Address 915 Englewood Avenue

City  
Durham

State  
NC

Zip Code  
27701-1105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Ebenconcepts Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437474514304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Creasy, Marcus, , ,**

Mailing Address P. O. Box 220

City  
Heber Springs

State  
AR

Zip Code  
72543-0220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Adams & Creasy Insurance Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437474914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 195

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Siino, Thomas, , ,**

Mailing Address 1126 Clifton Avenue

City  
CliftonState  
NJZip Code  
07013-3622FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Executive Benefits Group, LLCOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR437477514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pennington, Carol, C., ,**

Mailing Address 4640 Woodbridge Drive

City  
KernersvilleState  
NCZip Code  
27284-8850FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pennington AssociatesOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR437485414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. McDaniel, Randy, L., ,**

Mailing Address 575 Chambers Road

City  
McDonoughState  
GAZip Code  
30253-6447FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
McDaniel InsuranceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR437485714304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

102.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gransee, Colleen, J., ,**

Mailing Address 1277 Deming Way

City  
Madison

State  
WI

Zip Code  
53717-1971

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dean Health Plan

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437490414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cohn, Barry, S., ,**

Mailing Address 21515 Vanowen St Ste 200

City  
Canoga Park

State  
CA

Zip Code  
91303-2715

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RGEB

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437497314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Rider, Susan, M., ,**

Mailing Address 1402 N Capital  
#400

City  
Indianapolis

State  
IN

Zip Code  
46202-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gregory & Appel Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

676.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437510714304**

Amount of Each Receipt this Period

63.00

☐ Memo Item

P/R Deduction (\$63.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Coley, Maggie, , ,**

Mailing Address 29 Olde Gate Court

City  
Pooler

State  
GA

Zip Code  
31322-8281

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Coley Benefit Services, Inc

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437534014304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Swanson, Cynthia, , ,**

Mailing Address 515 WSW Loop 323

City  
Tyler

State  
TX

Zip Code  
75701-9455

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Threlkeld & Company Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437544914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Giardina, Charles, J., ,**

Mailing Address 5440 Mounes Street, Suite 112

City  
New Orleans

State  
LA

Zip Code  
70123-3296

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MetLife

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437562814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

102.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 195

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Contorno, David, , ,**

Mailing Address 109 Professional Park Dr  
Ste 103

City  
Mooresville

State  
NC

Zip Code  
28117-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lake Norman Benefits, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437566614304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Alm, Daniel, , ,**

Mailing Address P.O. Box 3248

City  
Omaha

State  
NE

Zip Code  
68180-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Blue Cross and Blue Shield of Nebraska

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437585514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Mobley, Dennis, F., ,**

Mailing Address 137 Executive Drive  
Suite D

City  
Madison

State  
MS

Zip Code  
39110-8456

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mobley Insurance Agency, LLC, a Divisi

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437587514304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Waller, Doris, , ,**

Mailing Address 1778 N. Plano Rd.  
Suite 310

City  
Richardson

State  
TX

Zip Code  
75081-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pan-American Life Insurance Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437591514304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Robinson, Judith, L., ,**

Mailing Address P O Box 10071

City  
Tyler

State  
TX

Zip Code  
75711-0071

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CFG Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437594114304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Swinton, Ryan, R., ,**

Mailing Address 1128 Lincoln Mall  
Suite 200

City  
Lincoln

State  
NE

Zip Code  
68508-2878

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNICO Group, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437594914304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

212.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 195

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Burns, Patrick, , ,**

Mailing Address 5653 Maxwellton Road

City  
Oakland

State  
CA

Zip Code  
94618-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Burns Employee Benefits Insurance Serv

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437600514304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Starks, Eugene, , ,**

Mailing Address 613 Crescent Circle  
Suite 201

City  
Ridgeland

State  
MS

Zip Code  
39157-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Benefit Administration Services, Ltd.

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437603114304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, George, , ,**

Mailing Address 4109 Woodway Dr.

City  
Monroe

State  
LA

Zip Code  
71201-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Financial Planning Resources

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437605714304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hanby, Brian, , ,**

Mailing Address 662 East 700 North

City  
Payson

State  
UT

Zip Code  
84651-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Hanby&Associates Insurance Agency, Inc

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437606514304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LaRocco, Andrew, M., ,**

Mailing Address 5880 Live Oak Parkway, # 230

City

Norcross

State

GA

Zip Code

30093-1740

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The LaRocco Companies

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437640914304**

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$40.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Israel, Steven, , ,**

Mailing Address 4204 Manor Forest Trail

City

Boynton Beach

State

FL

Zip Code

33436-8851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

S. Florida Affiliated Health Insurers,

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

553.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437654414304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

107.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Rose, Mark, , ,**

Mailing Address 11225 SE 6 Th St  
Suite 110

City  
Bellevue

State  
WA

Zip Code  
98004-6478

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Partners Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437657714304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Siciliano, Dominic, , ,**

Mailing Address 4500 Cascade Road SE Suite 106

City

Grand Rapids

State

MI

Zip Code

49546-3665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefit Profiles, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437669514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Strouse, Marcie, , ,**

Mailing Address 1501 Ingersoll Ave  
Ste 200

City

Des Moines

State

IA

Zip Code

50309-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Prisma Strategies

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437683114304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

242.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kelley, Dianne, M., ,**

Mailing Address 7320 N La Cholla Blvd.  
Suite 154-219

City  
Tucson

State  
AZ

Zip Code  
85741-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sandbrook Benefits Group, LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437684514304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atkinson, Lynn, , ,**

Mailing Address 3800 Electric Road, # 406

City

Roanoke

State

VA

Zip Code

24018-4568

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Humana

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437687314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Granado, Arthur, , ,**

Mailing Address 418 Peoples, # 505

City

Corpus Christi

State

TX

Zip Code

78401-2350

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Granado Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437693214304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mathson, Heidi, Michaels, ,**

Mailing Address 2319 175th Lane NW

City  
Andover

State  
MN

Zip Code  
55304-1444

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Dyste Williams

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437693514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Webb, Yolanda, Marie, ,**

Mailing Address 6117 Clover Ct.

City  
Chino

State  
CA

Zip Code  
91710-5337

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Webb Insurance Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437705614304**

Amount of Each Receipt this Period

142.00

☐ Memo Item

P/R Deduction (\$142.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NIKEL, Penny, E., ,**

Mailing Address 917 S Main St., Ste 200

City  
Longmont

State  
CO

Zip Code  
80501-6400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Nikel Insurance Associates LLC

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437728914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

202.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Berry, Ernest, , ,**

Mailing Address 5121 69th St., A9A

City  
Lubbock

State  
TX

Zip Code  
79424-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Berry Agency

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437737414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Conto, Teresa, , ,**

Mailing Address 15800 Crabbs Branch Way #350

City  
Rockville

State  
MD

Zip Code  
20855-2697

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gallagher Benefit Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1530.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437740814304**

Amount of Each Receipt this Period

170.00

☐ Memo Item

P/R Deduction (\$170.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Williams, Leslie, A., ,**

Mailing Address 2295 Hilltop Drive  
Suite 5

City  
Redding

State  
CA

Zip Code  
96002-0515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Leslie A. Williams Insurance Services

Occupation (for Individual)

Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437742914304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Osborne, Mike, , ,**

Mailing Address 1308 Woodmanor Dr,

City  
Raleigh

State  
NC

Zip Code  
27614-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Osborne Insurance Services, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437743714304**

Amount of Each Receipt this Period

25.00

☐ Memo Item

P/R Deduction (\$25.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ABNEY, Tommy, , ,**

Mailing Address 113 Hereford Drive

City  
Tupelo

State  
MS

Zip Code  
38804-9104

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Bottrell Agency

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437745814304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Perlson, Les, , ,**

Mailing Address 250 Crossways Park Dr

City  
Woodbury

State  
NY

Zip Code  
11797-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CB Planning

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437767514304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cade, Kareim, R., ,**

Mailing Address 28411 Northwestern Hwy., Ste 950

City  
Southfield

State  
MI

Zip Code  
48034-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great Lakes Benefit Group

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437778614304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hulse, Julie, , ,**

Mailing Address 6601 I-40 West, Ste. 1  
PO Box 32015

City  
Amarillo

State  
TX

Zip Code  
79120-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Insurance Professionals

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437785814304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Schell, Gregory, J., ,**

Mailing Address 545 South Third Street  
Suite 300

City  
Louisville

State  
KY

Zip Code  
40202-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sterling G. Thompson Company

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437797614304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

255.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Taggart, Liz, , ,**

Mailing Address 8530 Belnor Dr.

City  
Cicero

State  
NY

Zip Code  
13039-8845

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United Healthcare Medicare Solutions

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437825114304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hediger, Debbie, R., ,**

Mailing Address 400 N Tampa St  
Suite 1900

City  
Tampa

State  
FL

Zip Code  
33602-4776

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lykes Insurance

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437852414304**

Amount of Each Receipt this Period

42.00

☐ Memo Item

P/R Deduction (\$42.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kolterman, Suzanne, , ,**

Mailing Address 344 Main Street  
PO Box 426

City  
Seward

State  
NE

Zip Code  
68434-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kolterman Agency, Inc.

Occupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2016

**Transaction ID : PR437855214304**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

122.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Sparano, Sher, , ,**

Mailing Address 70-20 108th St, #5-0

City  
Forest HillsState  
NYZip Code  
11375-4449FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benefits Advisory ServiceOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437859414304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Emidy, Mike, , ,**

Mailing Address P O Box 2021

City  
RidgelandState  
MSZip Code  
39158-2021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Colonial LifeOccupation (for Individual)  
Broker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR437878314304**

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$30.00 Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Waltman, Jessica, Fulginiti, ,**

Mailing Address 10 Doyle Road

City  
WayneState  
PAZip Code  
19087-3903FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Forward Health ConsultingOccupation (for Individual)  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**Transaction ID : PR470100114304**

Amount of Each Receipt this Period

85.00

☐ Memo Item

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional).....▶

145.00

**TOTAL** This Period (last page this line number only).....▶

30232.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 166 OF 195

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PayPal**

Mailing Address 2211 North First Street

City  
San JoseState  
CAZip Code  
95131Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C

**Transaction ID : 10845422**

Amount of Each Disbursement this Period

1074.20

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	9		2	0	1	6		

FEC Identification Number

C

**Transaction ID : 10845423**

Amount of Each Disbursement this Period

89.19

Credit Card Fees

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address 7300 Chapman Way

City  
KnoxvilleState  
TNZip Code  
37920Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2		2	0	1	6		

FEC Identification Number

C

**Transaction ID : 10845424**

Amount of Each Disbursement this Period

304.02

Credit Card Fees

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1467.41

**TOTAL** This Period (last page this line number only).....▶

1467.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Sasse For Us Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address 105 East 6th Street

City  
FremontState  
NEZip Code  
68025Purpose of Disbursement  
9/6 Dinner

011

Category/  
Type

Candidate Name

**Sasse, Benjamin, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE

District:

FEC Identification Number

C C00547976

**Transaction ID : 10836479**

Amount of Each Disbursement this Period

1000.00

9/6 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Olson For Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address PO Box 16381

City  
Sugar LandState  
TXZip Code  
77496Purpose of Disbursement  
9/7 Lunch

011

Category/  
Type

Candidate Name

**Olson, Peter, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 22

FEC Identification Number

C C00437913

**Transaction ID : 10836480**

Amount of Each Disbursement this Period

1000.00

9/7 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rodney For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

Mailing Address PO Box 344

City  
TaylorvilleState  
ILZip Code  
62568Purpose of Disbursement  
9/8 Breakfast

011

Category/  
Type

Candidate Name

**Davis, Rodney, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 13

FEC Identification Number

C C00521948

**Transaction ID : 10836481**

Amount of Each Disbursement this Period

1000.00

9/8 Breakfast

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lou Barletta For Congress**

Mailing Address P.O. Box 128

City  
HazletonState  
PAZip Code  
18201Purpose of Disbursement  
9/8 Lunch

011

Category/  
Type

Candidate Name

**Barletta, Lou, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	1	6		

FEC Identification Number

**C** C00445122**Transaction ID : 10836483**

Amount of Each Disbursement this Period

2000.00

9/8 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC**

Mailing Address 700 13TH STREET, NW

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
2016 Annual Dues

011

Category/  
Type

Candidate Name

NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

**C** C00409730**Transaction ID : 10836543**

Amount of Each Disbursement this Period

5000.00

2016 Annual Dues

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Lane

City  
DublinState  
OHZip Code  
43017Purpose of Disbursement  
9/7 Dinner

011

Category/  
Type

Candidate Name

**Portman, Rob, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

**C** C00458463**Transaction ID : 10837544**

Amount of Each Disbursement this Period

1500.00

9/7 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mchenry For Congress**

Mailing Address PO Box 1406

City  
HickoryState  
NCZip Code  
28603Purpose of Disbursement  
9/6 Lunch

011

Category/  
Type

Candidate Name

**McHenry, Patrick, ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NC

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

**C** C00393629**Transaction ID : 10837546**

Amount of Each Disbursement this Period

3000.00

9/6 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 8331 LITTLE HARBOR DRIVE

City  
CINCINNATIState  
OHZip Code  
45244-2768Purpose of Disbursement  
9/7 Dinner

011

Category/  
Type

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify)

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : 10837550**

Amount of Each Disbursement this Period

1000.00

9/7 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Levin For Congress**

Mailing Address PO Box 37

City  
RosevilleState  
MIZip Code  
48066Purpose of Disbursement  
9/12 Lunch

011

Category/  
Type

Candidate Name

**Levin, Sandy, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00156612**Transaction ID : 10837718**

Amount of Each Disbursement this Period

2500.00

9/12 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bonnie Watson Coleman For Congress**

Mailing Address 180 Upland Avenue

City  
EwingState  
NJZip Code  
08638Purpose of Disbursement  
9/13 Lunch

011

Category/  
Type

Candidate Name

**Watson Coleman, Bonnie, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: NJ

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00558437**Transaction ID : 10837720**

Amount of Each Disbursement this Period

1000.00

9/13 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Diana Degette For Congress**

Mailing Address P.O. Box 61337

City  
DenverState  
COZip Code  
80206Purpose of Disbursement  
9/13 Reception

011

Category/  
Type

Candidate Name

**DeGette, Diana, , Rep.,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CO

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00311639**Transaction ID : 10837721**

Amount of Each Disbursement this Period

2000.00

9/13 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Mailing Address PO Box 2018

City  
Thousand OaksState  
CAZip Code  
91358Purpose of Disbursement  
9/13 Reception

011

Category/  
Type

Candidate Name

**Brownley, Julia, , ,**

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2016

☐ Primary☒ General☐ Other (specify) ▼

State: CA

District: 26

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00513077**Transaction ID : 10837722**

Amount of Each Disbursement this Period

1000.00

9/13 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 171 OF 195

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Cheri Bustos**

Mailing Address 1050 17th St Nw Ste 590

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
9/13 Reception

011

Category/  
Type

Candidate Name

**Bustos, Cheri, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 17

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00498568**Transaction ID : 10837723**

Amount of Each Disbursement this Period

1000.00

9/13 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City  
NewburghState  
NYZip Code  
12550Purpose of Disbursement  
9/13 Reception

011

Category/  
Type

Candidate Name

**Maloney, Sean, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00512426**Transaction ID : 10837724**

Amount of Each Disbursement this Period

1000.00

9/13 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Kristi For Congress**

Mailing Address PO Box 852

City  
Sioux FallsState  
SDZip Code  
57101Purpose of Disbursement  
9/13 Dinner

011

Category/  
Type

Candidate Name

**Noem, Kristi, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD

District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C** C00476853**Transaction ID : 10837725**

Amount of Each Disbursement this Period

500.00

9/13 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Zinke For Congress**

Mailing Address PO Box 1596

City  
HelenaState  
MTZip Code  
59624Purpose of Disbursement  
9/13 Lunch

011

Category/  
Type

Candidate Name

**Zinke, Ryan, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MT

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00550871

**Transaction ID : 10837727**

Amount of Each Disbursement this Period

1000.00

9/13 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City  
SacramentoState  
CAZip Code  
95812Purpose of Disbursement  
9/14 Reception

011

Category/  
Type

Candidate Name

**Matsui, Doris, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00409219

**Transaction ID : 10837728**

Amount of Each Disbursement this Period

1000.00

9/14 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lisa Murkowski For Us Senate**

Mailing Address PO Box 100847

City  
AnchorageState  
AKZip Code  
99510Purpose of Disbursement  
9/14 Dinner

011

Category/  
Type

Candidate Name

**Murkowski, Lisa, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00384529

**Transaction ID : 10837729**

Amount of Each Disbursement this Period

1500.00

9/14 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo For Us Senate**

Mailing Address P.O. Box 1948

City  
BoiseState  
IDZip Code  
83701Purpose of Disbursement  
9/15 Lunch

011

Category/  
Type

Candidate Name

**Crapo, Michael, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00330886

**Transaction ID : 10837730**

Amount of Each Disbursement this Period

2000.00

9/15 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Erik Paulsen**Mailing Address P.O. Box 44369  
250 Prairie Center DriveCity  
Eden PrairieState  
MNZip Code  
55344Purpose of Disbursement  
9/13 Reception

011

Category/  
Type

Candidate Name

**Paulsen, Erik, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C C00439661

**Transaction ID : 10837733**

Amount of Each Disbursement this Period

2000.00

9/13 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City  
New YorkState  
NYZip Code  
10016Purpose of Disbursement  
9/14 Reception

011

Category/  
Type

Candidate Name

**Schumer, Charles, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C C00346312

**Transaction ID : 10837985**

Amount of Each Disbursement this Period

2500.00

9/14 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bennet For Colorado**

Mailing Address PO Box 3078

City  
DenverState  
COZip Code  
80201Purpose of Disbursement  
9/15 Breakfast

011

Category/  
Type

Candidate Name

**Bennet, Michael, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C** C00458398**Transaction ID : 10837986**

Amount of Each Disbursement this Period

2000.00

9/15 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of John McCain Inc**Mailing Address 1020 N. Fairfax St.  
Suite 201City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
9/14 Breakfast

011

Category/  
Type

Candidate Name

**McCain, John, , Mr.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C** C00341891**Transaction ID : 10838027**

Amount of Each Disbursement this Period

2500.00

9/14 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carlos Curbelo Congress**

Mailing Address 8724 Sw 72nd Street

City  
MiamiState  
FLZip Code  
33173Purpose of Disbursement  
9/8 Dinner

011

Category/  
Type

Candidate Name

**Curbelo, Carlos, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C** C00546846**Transaction ID : 10838028**

Amount of Each Disbursement this Period

2000.00

9/8 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cresent Hardy For Congress**

Mailing Address PO Box 753941

City  
Las VegasState  
NVZip Code  
89136Purpose of Disbursement  
9/13 Lunch

011

Category/  
Type

Candidate Name

**Hardy, Cresent, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

FEC Identification Number

C C00550608

**Transaction ID : 10838030**

Amount of Each Disbursement this Period

2000.00

9/13 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Trey For Congress**

Mailing Address PO Box 421

City  
JeffersonvilleState  
INZip Code  
47130Purpose of Disbursement  
Local Sept Event

011

Category/  
Type

Candidate Name

**Hollingsworth, Trey, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

FEC Identification Number

C C00590463

**Transaction ID : 10838031**

Amount of Each Disbursement this Period

2000.00

Local Sept Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Comstock For Congress**

Mailing Address PO Box 831

City  
Mc LeanState  
VAZip Code  
22101Purpose of Disbursement  
9/20 Lunch

011

Category/  
Type

Candidate Name

**Comstock, Barbara, , Rep.,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2016

FEC Identification Number

C C00554261

**Transaction ID : 10838167**

Amount of Each Disbursement this Period

1000.00

9/20 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address PO Box 1112

City  
State CollegeState  
PAZip Code  
16804Purpose of Disbursement  
9/20 Reception

011

Category/  
Type

Candidate Name

**Thompson, Glenn, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00444620

**Transaction ID : 10838168**

Amount of Each Disbursement this Period

1000.00

9/20 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Mailing Address PO Box 841

City  
Sioux FallsState  
SDZip Code  
57101Purpose of Disbursement  
9/20 Reception

011

Category/  
Type

Candidate Name

**Thune, John, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00409581

**Transaction ID : 10838169**

Amount of Each Disbursement this Period

1000.00

9/20 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
9/21 Lunch

011

Category/  
Type

Candidate Name

**Toomey, Patrick, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C C00461046

**Transaction ID : 10838171**

Amount of Each Disbursement this Period

2000.00

9/21 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City  
ColumbiaState  
MOZip Code  
65205Purpose of Disbursement  
9/21 Dinner

011

Category/  
Type

Candidate Name

**Blunt, Roy, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00304758**Transaction ID : 10838172**

Amount of Each Disbursement this Period

2500.00

9/21 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. People For Patty Murray**

Mailing Address PO Box 3662

City  
SeattleState  
WAZip Code  
98124Purpose of Disbursement  
9/22 Breakfast

011

Category/  
Type

Candidate Name

**Murray, Patty, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00257642**Transaction ID : 10838173**

Amount of Each Disbursement this Period

500.00

9/22 Breakfast

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Coffman For Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City  
Greenwood VillageState  
COZip Code  
80111Purpose of Disbursement  
9/22 Lunch

011

Category/  
Type

Candidate Name

**Coffman, Michael, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00497180**Transaction ID : 10838175**

Amount of Each Disbursement this Period

1000.00

9/22 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rothfus For Congress**

Mailing Address PO Box 435

City  
SewickleyState  
PAZip Code  
15143Purpose of Disbursement  
9/22 Reception

011

Category/  
Type

Candidate Name

**Rothfus, Keith, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00497115**Transaction ID : 10838176**

Amount of Each Disbursement this Period

1000.00

9/22 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Richard Burr Committee; The**

Mailing Address Post Office Box 5928

City  
Winston-SalemState  
NCZip Code  
27113Purpose of Disbursement  
9/20 Dinner

011

Category/  
Type

Candidate Name

**Burr, Richard, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00385526**Transaction ID : 10838177**

Amount of Each Disbursement this Period

2500.00

9/20 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dold For Congress**

Mailing Address PO Box 6312

City  
LibertyvilleState  
ILZip Code  
60048Purpose of Disbursement  
9/22 Lunch

011

Category/  
Type

Candidate Name

**Dold, Robert, , , Jr**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

**C** C00465971**Transaction ID : 10838178**

Amount of Each Disbursement this Period

1000.00

9/22 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mcsally For Congress**

Mailing Address PO Box 19128

City  
TucsonState  
AZZip Code  
85731Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**McSally, Martha, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00512236**Transaction ID : 10838369**

Amount of Each Disbursement this Period

2000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Charlie Dent For Congress**

Mailing Address PO Box 442

City  
AllentownState  
PAZip Code  
18105Purpose of Disbursement  
9/14 Lunch

011

Category/  
Type

Candidate Name

**Dent, Charles, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 15

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00386847**Transaction ID : 10838370**

Amount of Each Disbursement this Period

2000.00

9/14 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rand Paul For Us Senate**

Mailing Address 1332 Andrea St

City  
Bowling GreenState  
KYZip Code  
42104Purpose of Disbursement  
9/23 In-State Trip

011

Category/  
Type

Candidate Name

**Paul, Rand, , Mr.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00462069**Transaction ID : 10838371**

Amount of Each Disbursement this Period

4000.00

9/23 In-State Trip

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Courtney For Congress**

Mailing Address PO Box 1372

City  
VernonState  
CTZip Code  
06066Purpose of Disbursement  
9/26 Baseball game

011

Category/  
Type

Candidate Name

**Courtney, Joseph, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00410233**Transaction ID : 10838372**

Amount of Each Disbursement this Period

2500.00

9/26 Baseball game

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Latta For Congress**

Mailing Address PO Box 106

City  
Bowling GreenState  
OHZip Code  
43402Purpose of Disbursement  
9/27 Dinner

011

Category/  
Type

Candidate Name

**Latta, Robert, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00438697**Transaction ID : 10838373**

Amount of Each Disbursement this Period

1000.00

9/27 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Rob Woodall For Congress**

Mailing Address Post Office Box 1871

City  
LawrencevilleState  
GAZip Code  
30046Purpose of Disbursement  
9/28 Lunch

011

Category/  
Type

Candidate Name

**Woodall, Rob, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00482307**Transaction ID : 10838374**

Amount of Each Disbursement this Period

1000.00

9/28 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Virginia Foxx For Congress**

Mailing Address P.O. Box 1100

City  
ClemmonsState  
NCZip Code  
27012Purpose of Disbursement  
9/29 Lunch

011

Category/  
Type

Candidate Name

**Foxx, Virginia, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00386748**Transaction ID : 10838376**

Amount of Each Disbursement this Period

1000.00

9/29 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Mailing Address PO Box 5053

City  
ConcordState  
NCZip Code  
28027Purpose of Disbursement  
10/7 Trip

011

Category/  
Type

Candidate Name

**Hudson, Richard, , , Jr.**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00504522**Transaction ID : 10838377**

Amount of Each Disbursement this Period

4000.00

10/7 Trip

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
LyndoraState  
PAZip Code  
16045Purpose of Disbursement  
10/8 Dinner

011

Category/  
Type

Candidate Name

**Kelly, George, , , Jr**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00474189**Transaction ID : 10838378**

Amount of Each Disbursement this Period

1000.00

10/8 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City  
WheatonState  
ILZip Code  
60187Purpose of Disbursement  
10/8 Dinner

011

Category/  
Type

Candidate Name

**Roskam, Peter, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00410969**Transaction ID : 10838379**

Amount of Each Disbursement this Period

1000.00

10/8 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Walker 4 Nc**

Mailing Address PO Box 99247

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
9/26 Lunch

011

Category/  
Type

Candidate Name

**Walker, Mark, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00543231**Transaction ID : 10838418**

Amount of Each Disbursement this Period

1000.00

9/26 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Duffy For Congress**

Mailing Address PO Box 538

City  
WausauState  
WIZip Code  
54402Purpose of Disbursement  
9/26 Dinner

011

Category/  
Type

Candidate Name

**Duffy, Sean, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

**C** C00464339**Transaction ID : 10838419**

Amount of Each Disbursement this Period

1000.00

9/26 Dinner

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walters For Congress**

Mailing Address C/O 8001 Irvine Center Drive, #400

City  
IrvineState  
CAZip Code  
92618Purpose of Disbursement  
9/29 Reception

011

Category/  
Type

Candidate Name

**Walters, Mimi, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

C C00546853

**Transaction ID : 10838420**

Amount of Each Disbursement this Period

1000.00

9/29 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mimi Walters Victory Fund**Mailing Address 38 EXECUTIVE PARK  
SUITE 390City  
IrvineState  
CAZip Code  
92614Purpose of Disbursement  
9/15 Local Event

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

FEC Identification Number

C

**Transaction ID : 10838434**

Amount of Each Disbursement this Period

1000.00

9/15 Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Jared Polis Committee**

Mailing Address P.O. Box 4572

City  
BoulderState  
COZip Code  
80306Purpose of Disbursement  
9/21 Reception

011

Category/  
Type

Candidate Name

**Polis, Jared, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

FEC Identification Number

C C00435370

**Transaction ID : 10839967**

Amount of Each Disbursement this Period

1000.00

9/21 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Michelle**

Mailing Address P.O. Box 25422

City  
AlbuquerqueState  
NMZip Code  
87125Purpose of Disbursement  
9/21 Dinner

011

Category/  
Type

Candidate Name

**Grisham, Michelle, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

FEC Identification Number

**C** C00501254**Transaction ID : 10839968**

Amount of Each Disbursement this Period

1000.00

9/21 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kathleen Rice For Congress**Mailing Address 410 Jericho Turnpike  
Suite 200City  
JerichoState  
NYZip Code  
11753Purpose of Disbursement  
9/21 Reception

011

Category/  
Type

Candidate Name

**Rice, Kathleen, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

FEC Identification Number

**C** C00555813**Transaction ID : 10839969**

Amount of Each Disbursement this Period

1000.00

9/21 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Henry Cuellar Congressional Campaign**Mailing Address 1519 Washington Street  
Suite 200City  
LaredoState  
TXZip Code  
78040Purpose of Disbursement  
9/22 Reception

011

Category/  
Type

Candidate Name

**Cuellar, Henry, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX

District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

FEC Identification Number

**C** C00371302**Transaction ID : 10839970**

Amount of Each Disbursement this Period

1000.00

9/22 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Defazio For Congress**

Mailing Address PO Box 1316

City  
SpringfieldState  
ORZip Code  
97477Purpose of Disbursement  
9/22 Dinner

011

Category/  
Type

Candidate Name

**Defazio, Peter, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00215905**Transaction ID : 10839971**

Amount of Each Disbursement this Period

1000.00

9/22 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Clarke For Congress**

Mailing Address 111-36 200th. Street

City  
HollisState  
NYZip Code  
11412Purpose of Disbursement  
9/23 Lunch

011

Category/  
Type

Candidate Name

**Clarke, Yvette, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00415331**Transaction ID : 10839972**

Amount of Each Disbursement this Period

1000.00

9/23 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stabenow For Us Senate**

Mailing Address P.O. Box 4945

City  
East LansingState  
MIZip Code  
48826Purpose of Disbursement  
9/27 Reception

011

Category/  
Type

Candidate Name

**Stabenow, Debbie, , Sen.,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00344473**Transaction ID : 10839973**

Amount of Each Disbursement this Period

1000.00

9/27 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Delbene For Congress**

Mailing Address PO Box 487

City  
BothellState  
WAZip Code  
98041Purpose of Disbursement  
9/28 Dinner

011

Category/  
Type

Candidate Name

**Delbene, Suzan, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00459099**Transaction ID : 10839974**

Amount of Each Disbursement this Period

1000.00

9/28 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Linda Sanchez**Mailing Address 410 1st St Se  
Suite 310City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
9/28 Reception

011

Category/  
Type

Candidate Name

**Sanchez, Linda, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 39

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00384057**Transaction ID : 10839977**

Amount of Each Disbursement this Period

1000.00

9/28 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Courtney For Congress**

Mailing Address PO Box 1372

City  
VernonState  
CTZip Code  
06066Purpose of Disbursement  
9/29 Breakfast

011

Category/  
Type

Candidate Name

**Courtney, Joseph, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

**C** C00410233**Transaction ID : 10839978**

Amount of Each Disbursement this Period

500.00

9/29 Breakfast

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tony Cardenas For Congress**

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City  
Los AngelesState  
CAZip Code  
90010Purpose of Disbursement  
9/29 Lunch

011

Category/  
Type

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 29

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00498873

**Transaction ID : 10839979**

Amount of Each Disbursement this Period

1000.00

9/29 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Gregg Harper For Congress**

Mailing Address Post Office Box 54344

City  
PearlState  
MSZip Code  
39288Purpose of Disbursement  
10/10 Local Event

011

Category/  
Type

Candidate Name

**Harper, Gregg, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00441295

**Transaction ID : 10839980**

Amount of Each Disbursement this Period

1000.00

10/10 Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
9/23 In-State Trip

011

Category/  
Type

Candidate Name

**McConnell, Mitch, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	6		

FEC Identification Number

C C00193342

**Transaction ID : 10839981**

Amount of Each Disbursement this Period

5000.00

9/23 In-State Trip

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Mailing Address PO Box 97187

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
9/28 Dinner

011

Category/  
Type

Candidate Name

**Holding, George, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC

District: 13

FEC Identification Number

C C00499236

**Transaction ID : 10839983**

Amount of Each Disbursement this Period

1000.00

9/28 Dinner

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Manchin For West Virginia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2016

Mailing Address PO Box 5202

City  
CharlestonState  
WVZip Code  
25361Purpose of Disbursement  
9/26 Lunch

011

Category/  
Type

Candidate Name

**Manchin, Joe, , , III**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV

District:

FEC Identification Number

C C00486563

**Transaction ID : 10839984**

Amount of Each Disbursement this Period

1000.00

9/26 Lunch

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. People For Ben**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Mailing Address PO Box 31129

City  
Santa FeState  
NMZip Code  
87594Purpose of Disbursement  
9/26 Reception

011

Category/  
Type

Candidate Name

**Lujan, Ben, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM

District: 03

FEC Identification Number

C C00443689

**Transaction ID : 10840500**

Amount of Each Disbursement this Period

1000.00

9/26 Reception

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Paul Mitchell For Congress**

Mailing Address PO Box 430

City  
DewittState  
MIZip Code  
48820Purpose of Disbursement  
Local Sept Event

011

Category/  
Type

Candidate Name

**Mitchell, Paul, , , III**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	0			2	0	1	6		

FEC Identification Number

C C00561423

**Transaction ID : 10840577**

Amount of Each Disbursement this Period

2000.00

Local Sept Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Bost For Congress Committee**

Mailing Address PO Box 1212

City  
MurphysboroState  
ILZip Code  
62966Purpose of Disbursement  
10/3 Local Event

011

Category/  
Type

Candidate Name

**Bost, Mike, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C C00546499

**Transaction ID : 10842488**

Amount of Each Disbursement this Period

1000.00

10/3 Local Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Bost For Congress Committee**

Mailing Address PO Box 1212

City  
MurphysboroState  
ILZip Code  
62966Purpose of Disbursement  
1:1 DC Meeting

011

Category/  
Type

Candidate Name

**Bost, Mike, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C C00546499

**Transaction ID : 10842489**

Amount of Each Disbursement this Period

1000.00

1:1 DC Meeting

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scalise For Congress**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183Purpose of Disbursement  
Local Oct Meeting

011

Candidate Name

**Scalise, Steve, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

**C** C00394957**Transaction ID : 10842490**

Amount of Each Disbursement this Period

1000.00

Local Oct Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Trott For Congress, Inc.**

Mailing Address P.O. Box 217

City  
TroyState  
MIZip Code  
48099Purpose of Disbursement  
Local Oct Event

011

Candidate Name

**Trott, Dave, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

**C** C00548941**Transaction ID : 10842491**

Amount of Each Disbursement this Period

2000.00

Local Oct Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ryan Costello For Congress**

Mailing Address PO Box 3154

City  
West ChesterState  
PAZip Code  
19381Purpose of Disbursement  
10/6 Local Event

011

Candidate Name

**Costello, Ryan, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

**C** C00554899**Transaction ID : 10842492**

Amount of Each Disbursement this Period

2500.00

10/6 Local Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City  
SpringfieldState  
MOZip Code  
65804Purpose of Disbursement  
9/30 Trip

011

Category/  
Type

Candidate Name

**Long, Billy, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	1	6		

FEC Identification Number

C C00460063

**Transaction ID : 10842493**

Amount of Each Disbursement this Period

3000.00

9/30 Trip

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith For Congress**

Mailing Address PO Box 361

City  
ChristiansburgState  
VAZip Code  
24068Purpose of Disbursement  
Local Oct Meeting

011

Category/  
Type

Candidate Name

**Griffith, H Morgan, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA

District: 09

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C C00477240

**Transaction ID : 10843284**

Amount of Each Disbursement this Period

1000.00

Local Oct Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S. Washington Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
June 2016 Trip

011

Category/  
Type

Candidate Name

**TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C C00330720

**Transaction ID : 10843321**

Amount of Each Disbursement this Period

5000.00

June 2016 Trip

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City  
WadsworthState  
OHZip Code  
44281Purpose of Disbursement  
Local 10/19 Meeting

011

Category/  
Type

Candidate Name

**Renacci, James, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

C C00466359

**Transaction ID : 10843510**

Amount of Each Disbursement this Period

1000.00

Local 10/19 Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Menendez For Senate**

Mailing Address PO Box 32248

City  
NewarkState  
NJZip Code  
07102Purpose of Disbursement  
09/27 Reception

011

Category/  
Type

Candidate Name

**Menendez, Robert, S, Sen.,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

C C00264564

**Transaction ID : 10843511**

Amount of Each Disbursement this Period

1000.00

09/27 Reception

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Mark Warner**

Mailing Address 2034 Eisenhower Avenue, Suite 222

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
9/27 Lunch

011

Category/  
Type

Candidate Name

**Warner, Mark, , ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

C C00438713

**Transaction ID : 10843513**

Amount of Each Disbursement this Period

2500.00

9/27 Lunch

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Katko For Congress**

Mailing Address PO Box 133

City  
CamillusState  
NYZip Code  
13031Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Katko, John, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY

District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C** C00556365**Transaction ID : 10845004**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Denham For Congress**

Mailing Address 2150 River Plaza Dr., #150

City  
SacramentoState  
CAZip Code  
95833Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Denham, Jeff, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 19

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C** C00473272**Transaction ID : 10845005**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Knight For Congress**

Mailing Address PO Box 984

City  
WillowsState  
CAZip Code  
95988Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Knight, Steve, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 25

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

**C** C00554014**Transaction ID : 10845006**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Valadao For Congress**

Mailing Address 5132 N Palm Ave #227

City  
FresnoState  
CAZip Code  
93704Purpose of Disbursement  
Future Comp Event

011

Category/  
Type

Candidate Name

**Valadao, David, , Rep.,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 21

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C C00499392

**Transaction ID : 10845007**

Amount of Each Disbursement this Period

1000.00

Future Comp Event

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Neal Dunn**

Mailing Address 2640a Mitcham Drive

City  
TallahasseeState  
FLZip Code  
32308Purpose of Disbursement  
Local Oct Meeting

011

Category/  
Type

Candidate Name

**Dunn, Neal, , , MD FACS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C C00582304

**Transaction ID : 10845039**

Amount of Each Disbursement this Period

2000.00

Local Oct Meeting

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

130500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Underwriters Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Smith, Kevin, W., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2016

Mailing Address 2000 RiverEdge Parkway  
Suite 1010City  
Sandy SpringsState  
GAZip Code  
30328-4657Purpose of Disbursement  
Contribution Error

010

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : 10838314**

Amount of Each Disbursement this Period

50.00

Contribution Error

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dixon, Russell, R., ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address PO Box 27

City  
WheatonState  
ILZip Code  
60187-0027Purpose of Disbursement  
Requested Refund

010

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : 10838383**

Amount of Each Disbursement this Period

280.50

Requested Refund

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thompson, Hillary, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2016

Mailing Address 13800 Jackson Rd

City  
MishawakaState  
INZip Code  
46544-9195Purpose of Disbursement  
Incorrect Contribution

010

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : 10842480**

Amount of Each Disbursement this Period

150.00

Incorrect Contribution

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.50

480.50